

**UCONN EMERGENCY INFORMATION CARD**

**FACULTY/SUPERVISOR**

**Lab Number**

**Phone**

Name: \_\_\_\_\_

After Hours Contact Phone: \_\_\_\_\_

**KEY PERSONNEL**

**Phone**

Names: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NUMBERS**

Ambulance/Fire /Police /Spills

**911**

Division of Environmental Health & Safety

860-486-3613

**Date:**

**UCONN EMERGENCY INFORMATION CARD**

**FACULTY/SUPERVISOR**

**Lab Number**

**Phone**

Name: \_\_\_\_\_

After Hours Contact Phone: \_\_\_\_\_

**KEY PERSONNEL**

**Phone**

Names: \_\_\_\_\_  
\_\_\_\_\_

**EMERGENCY NUMBERS**

Ambulance/Fire /Police /Spills

**911**

Division of Environmental Health & Safety

860-486-3613

**Date:**