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|  | **PERMISSION TO OPERATE** |  |
| ***Name*** | Your name |  |
| ***Experiment Name / Comments*** |  |
| Experiment Title |
| ***Supervisor*** | Your Supervisor  | 9-May-18 |
| **PROCEDURE IN EVENT OF EMERGENCY** |
| ***If safe to do so:*** |  |
| E.g. Turn off power to …shut off gas at… |
| ***Cell Phone*** | Your phone  |
| ***Valid Till:*** | 2018 2019 2020 2021 2022 2023 2024 2025 |
| Jan Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec |
| ***Safety Officer*** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| Your name |  | Your name |

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