

University of Guelph
Department of Integrative Biology
Inventory of Freezers and Refrigerator

Please fill out, return a copy to Connie Davison, SSC2484 and attach a copy to the freezer/refrigerator

Room Number: **SSC:**

Primary Contact in case of emergency: **(Faculty or Staff only)**

Name: _____

Daytime Telephone Number: _____

After Hours Contact Number: _____

Alternative Contact : (Faculty or Staff only)

Name: _____

Daytime Telephone Number: _____

After Hours Contact Number: _____

PLEASE NOTE:

All freezers/refrigerators MUST have contact names and telephone numbers.
