

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

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**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: \_\_\_\_\_

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**Alternative Contact : (Faculty or Staff only)**

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

Daytime Telephone Number: \_\_\_\_\_

After Hours Contact Number: \_\_\_\_\_

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**PLEASE NOTE:**

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

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