



# WATERTOWN FIRE DEPARTMENT

Office of Laboratory Safety  
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**RYAN A. NICHOLSON**  
Provisional Chief of Department

**CAPTAIN RALPH MELE**  
Lab Safety Officer

## 24 Hour Contact List for Laboratories

Name of Business: \_\_\_\_\_

Location of Facility (Including Suite#): \_\_\_\_\_

### Principal Business Contact:

1. Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### EMERGENCY CONTACT(S):

1. Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
2. Name: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_  
Secondary Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

### Emergency HazMat Spill Response Contractor:

Name of Contractor: \_\_\_\_\_  
Phone: \_\_\_\_\_

This form was completed by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_