|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Personal Safety Checklist  Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dept: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_  In the event of an emergency, I should know the following information: (i.e. Include all of the areas that you work in)  Emergency contact information for PI/Supervisor:  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Office Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_On Campus Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Cell # and/or Home # for after hours: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Location of:   |  |  |  | | --- | --- | --- | | Fire Alarm | Fire Extinguisher | Fire Exits | |  |  |  | |  |  |  |   Evacuation assembly point (Muster Station): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| The Personal Protective Equipment required for my work is:   |  |  |  |  | | --- | --- | --- | --- | | Lab Coat \_\_\_\_\_ | Gloves \_\_\_\_\_ | Safety Googles/  Glasses \_\_\_\_\_ | Fit-Tested  Respirator \_\_\_\_\_ | | Face Mask \_\_\_ | Protective footwear: \_\_\_\_\_\_\_\_\_\_\_ | |  | | Other: | | | | | | | |
| In the event I come into contact with a hazardous material, the nearest Emergency: \_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |
| **Eyewash/Shower** | | Room # | Location: |
| **MSDS** | | Room # | Location: |
| **Chemical Spill Kit** | | Room # | Location: |
| **Biological Spill Kit** | | Room # | Location: |
| **Earthquake Kit** | | Room # | Location: |
| **PI Lab Safety Representative** is: Name: | | | |
|  | | Room # | Location: |
| **Floor Fire Warden** is: Name: | | | |
|  | | Room # | Location: |
| **First Aid Attendant** for this area: Name: | | | |
|  | | Room # | Location: |
|  | I have read and understand that I am required to follow the safety procedures outlined in the Departmental Safety Manual, UBC Policies & Procedures and Provincial/Federal Regulations. | | |
|  | I understand that I am not allowed to commence any lab related work procedures until I have received a safety orientation, have completed all safety related requirements and have completed and submitted all required paperwork related thereto. | | |
|  | Working safely is a fundamental part of my job. | | |
|  | I must have my Supervisor's permission before attempting any task which could be unsafe. | | |
|  | I must be trained before undertaking any task which could be dangerous and have the training details noted on my *Individual's Record of UBC Safety Training* sheet. | | |
|  | I understand that it is the law and that I have the right to refuse to do any task which I feel is unsafe. | | |
|  | I understand and follow the procedures outlined in the working alone policy for the unit. | | |
|  | I am responsible for doing my best to maintain my area as a clean and safe working environment. | | |
|  | I understand the emergency evacuation procedures for the Department. | | |
|  | I have provided and will update my personal emergency contact information when any changes occur. | | |
|  | Building Lockdown procedures have been explained to me. | | |
|  | I will report all safety concerns to my Lab Safety Representative and/or Supervisor. | | |
|  | I will report all minor injuries to my Lab Safety Representative. I will report all accidents, near accidents or incidents to my Lab Safety Representative and Supervisor and representative of the Faculty Health and Safety Committee. | | |
| **UBC Emergency Phone Numbers**   |  |  |  |  | | --- | --- | --- | --- | | Police, Ambulance, Fire | 911 | Fire Dept. First Aid | 2-4444 | | Hazmat Response | Campus Security | 2-2222 | | Building Operations | 2-2173 | Student Health Services | 2-7011 | | Dept. Safety Advisor |  | | |   Dept. Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  Vancouver, BC, Canada  Post code: \_\_\_\_\_\_ | | | |