LABORATORY HAZARD SIGNAGE FORM

**STEP 1: GENERAL INFORMATION**



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| --- | --- |
| **Building Name** |  |
| **Room Number: (sub-rooms addressed separately)** |  |
| **Number of doors leading to the space** |  |
| **Is there an existing sign? (as seen in picture on left)**  |  |

**STEP 2: HAZARDS PRESENT IN THE LAB**

|  |  |  |
| --- | --- | --- |
| **Hazard Class\*** | **Description/Additional Information Required** | **Y/N** |
| **Biohazard** | *Biohazard Symbol is required for Risk Group 2 and 3. Note: Risk Group 4 is not permitted at UBC or in BC.***Containment Level: \_\_\_\_\_\_\_\_\_\_\_\_\_\_****Biosafety Approval # \_\_\_\_\_\_\_\_\_\_** |  |
| **Risk Group 1** | *For working with Biohazards from Risk Group 1***Biosafety Approval # \_\_\_\_\_\_\_\_\_\_** |  |
| **Compressed Gas Cylinders** | *Normally a gas, placed under pressure or chilled, and contained by a cylinder*  |  |
| **Corrosives** | *Materials that cause severe and permanent burns to skin and tissue and can damage clothing, metals and/or other materials*  |  |
| **Explosives** | *Materials that cause a sudden release of gas, heat and pressure (accompanied by loud noise) when subjected to a certain amount of shock, pressure, or temperature.* |  |
| **Flammable Gas** | *Gases that easily catch on fire at normal or elevated temperatures* |  |
| **Flammable Liquid** | *Liquids that have the WHMIS flammable symbol* |  |
| **Flammable** | *Solids that can undergo combustion with or without a source of ignition; if both flammable liquids and solids are present, use only the “Flammable” sticker* |  |
| **Lasers** | *Signage and registration required for Class 3B or 4. Please submit a* [*registration form*](http://www.riskmanagement.ubc.ca/health-safety/laser-safety)*.* |  |
| **Oxidizers** | *React to promote or initiate the combustion of flammable or combustible materials*  |  |
| **Radiation** | *Ionizing Radiation, that emits alpha, beta particles, positron emission, gamma rays and x-rays* **Isotope(s) used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Radiation Permit #: \_\_\_\_\_\_\_\_\_\_\_\_** |  |
| **Toxic Gas** | *Gases causing immediate toxic effects*  |  |
| **Toxic Substances** | *Substances that cause immediate toxic effects* |  |
| **X-Rays** | *X-ray system consisting of an x-ray source or generator. Please submit a* [*registration form*](http://rms.ubc.ca/health-safety/research-safety/radiation-safety/radiation-and-laser-safety-general-information/#What are researcher responsibilities for radiation safety?)*.* |  |

**\* For identifying some of the hazard classes, use WHMIS pictograms present on the supplier label or TDG pictograms on the shipping label.**

**STEP 3: EMERGENCY CONTACT INFORMATION:**

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| --- | --- | --- |
|  | **Principal Investigator** | **Responsible Individual** |
| **Name** |  |  |
| **Position** |  |  |
| **Office Phone Number** |  |  |
| **Emergency Phone Number** |  |  |
| **Email** |  |  |

To ensure that Emergency First Responders can obtain the appropriate hazard and contact information for a particular lab space, signs containing emergency contact information will be posted on the outer door(s) of the room. Please choose **one** of the following options:

[ ]  **Option #1:** The names, position titles and phone numbers of the Principal Investigator (PI) and the Responsible Individual will be displayed on the sign.

[ ]  **Option #2:** The position titles and phone numbers (*but not the names*) of the Principal Investigator (PI) and the Responsible Individual will be displayed on the sign.

**STEP 4: SPECIAL INFORMATION**

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| **Please indicate any additional information you would like added to the sign** **(Example: “Required PPE: lab-coat, full-covering liquid resistant shoes, long loose fitting pants”)** |

**STEP 5: ADDITIONAL PRINCIPAL INVESTIGATORS/RESPONSIBLE INDIVIDUALS IN SAME ROOM (IF REQURIED)**

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| --- | --- |
| **Name:** | **Position:** |
| **Office Phone #:** | **Emergency Phone #:** |
| **Email:** |

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| --- | --- |
| **Name:** | **Position:** |
| **Office Phone #:** | **Emergency Phone #:**  |
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| **Name:** | **Position:** |
| **Office Phone #:** | **Emergency Phone #:**  |
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| **Office Phone #:** | **Emergency Phone #:**  |
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| **Name:** | **Position:** |
| **Office Phone #:** | **Emergency Phone #:**  |
| **Email:** |