LABORATORY HAZARD SIGNAGE FORM

**STEP 1: GENERAL INFORMATION**



|  |  |
| --- | --- |
| 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\* | Pictogram | Description/Additional Information | Y/N |
| Biohazard |  | Biohazard Symbol is required for Risk Group 2 and 3**Containment Level: \_\_\_\_\_ Biosafety Approval # \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| Risk Group 1 |  | For working with Biohazards from Risk Group 1**Biosafety Approval # \_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |
| Compressed Gas Cylinders |  | Non-flammable, non-toxic gas placed under pressure and/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 when subjected to a certain amount of shock, pressure, or temperature |  |
| Flammable Gas |  | Gases that easily catch on fire at normal or elevated temperatures*Note: Gas taps do not qualify* |  |
| Flammable Liquid |  | Liquids that have a flash point below 37.8 °C |  |
| Flammable |  | Solids that can undergo combustion with or without a source of ignition**If both flammable liquids and solids are present, only use “Flammable”** |  |
| Lasers |  | Signage and registration required for Class 3B or 4. Please submit a [registration form](https://srs.ubc.ca/training-and-general-education-courses/research-safety-training-courses/laser-safety-courses/) |  |
| 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](https://srs.ubc.ca/health-safety/research-safety/radiation-safety/radiation-and-laser-safety-general-information/#What%20are%20researcher%20responsibilities%20for%20radiation%20safety?) |  |

\*To help identify hazard class, use WHMIS pictograms on labels or Safety Data Sheets, or TDG pictograms on shipping containers

**STEP 3: EMERGENCY CONTACT INFORMATION:**

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

To ensure that Emergency First Responders obtain the appropriate hazard and contact information, 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 sign will display names, position titles, and phone numbers of the PI and the Responsible Individual.

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

[ ]  **Option #3\*:** The sign will display the phone number for campus security. Information of the PI and the Responsible Individual will be stored by SRS in a secure database and only disclosed to campus security if required in an emergency.

***\*Please note that using this option may result in delays retrieving accurate, up-to-date information regarding hazards in the lab.***

**STEP 4: SPECIAL INFORMATION**

|  |
| --- |
| 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 (IF REQURIED)**

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

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

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

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

**STEP 6: RETURN FORM TO SMS (research.safety@ubc.ca)**