PHYSICS AND ASTRONOMY PERSONAL SAFETY INFORMATION CHECKLIST
For Hennings, Hebb and Chemistry/Physics Labs
(Prepared by P&A Health, Safety and Environment Committee – Committed to Your Safety) Please file this form in your lab with other safety information sheets.

Personal Safety Information Checklist for	(Name):
In the event of an emergency I should known	ow the following information for <u>ALL</u> the areas I work in.
	FIRE SAFETY
My Lab No.:	Nearest Fire Alarm:
Fire Extinguishers:	Correct Fire Exits:
(In case of a Fire Alarm/Drill I am to leave personnel are accounted for safely.)	y physical handicap that may affect my safety during a fire. e the building and meet at the predetermined location to ensure that all
	for my research and activities at Physics and Astronomy are: Eye Wear
Gloves	Helmet
Gown	Protective Foot Wear
Face Mask	Other
"All faculty, staff and graduate students safety course", UBC Chemical Safety A () YES I qualify, () NO I do not qualify	instructions for proper use of Fume Hoods. Its, who handle hazardous materials are required to take a chemical dvisory Committee. It to take Introduction to Chemical Safety Course. Completed or date registered for:
If NO state your supervisor	s name and have them sign here:

In the event I come in co	ontact with hazardous materials t	he nearest emer	gency eye wash/shower(s) are loca	ited:
These () ARE to use by my la		emergency alarr	m which I have been instructed on	how
The MATERIAL SAFET	Y DATA SHEETS for my areas a	are located:		
The Physics and Astrono	omy Spill Cart is located:			
The First Aid Kit(s) are lo	ocated:			
	cated:			
The First Aid attendants	for this area:			
Room:	Name:		Phone:	
Room:	Name:		Phone:	
	First Aid Emergency	Call: <u>822-4444</u>	<u>(911)</u>	
	UBC EMERGENCY	/ PHONE NUMB	ERS	
Fire, Spill, Rescue: 911	UBC Patrol: 822-2222		Radiation Office:822-7052	
Ambulance: 911 RCMP: 911	Hospital Emergency De Chemical Office:822-59	pt: 822-7222	Biosafety Office:822-7596 Hygiene Office:822-2029	
IXOWII . 311	phemical office.922-99	03	Trygicale Office.022-2029	
Please have your Lab S	upervisor sign:	Cianatura		
Lab Supervisor:		Signature:		
Department:		Date:		