

I. LABORATORY REGISTRATION PROCESS

All labs on campus must be registered with Health Safety & Environment (HSE). In an emergency, authorities may require this information to effectively handle the situation. HSE may use your registration to match your lab with the appropriate safety programs.

Please fill out this form and send it either via e-mail (hse.ok@ubc.ca) or by interoffice mail to Health, Safety & Environment. Attention: RMS Advisor, Safety & Environment.

Principal Investigator Information

Name: _____

Office location: _____ Lab location: _____

Office phone: _____ Lab phone: _____

Cellular phone: _____ Department: _____

Home phone: _____ e-mail: _____

Main area(s) of Research: _____

Laboratory Information

Is your lab a shared space? Yes No

Indicate if any of the following hazards are present in your laboratory (provide details if applicable):

Chemical Hazards:

- | | | |
|--|--|---|
| <input type="checkbox"/> General Chemicals | <input type="checkbox"/> Flammable liquids | <input type="checkbox"/> Compressed Gases |
| <input type="checkbox"/> Toxics/ Poisons / Carcinogens | <input type="checkbox"/> Flammable solids | <input type="checkbox"/> Toxic gases |
| <input type="checkbox"/> Acids / Bases | <input type="checkbox"/> Flammable gases | <input type="checkbox"/> Oxidizing gases |
| <input type="checkbox"/> Oxidizing liquids / solids | | _____ |

Biological Hazards:

- | | |
|--|---|
| <input type="checkbox"/> Risk Group 1 Biologicals (Bacteria, viruses, fungi) | <input type="checkbox"/> Non-endemic plants or soil |
| <input type="checkbox"/> Risk Group 1 Biologicals (Bacteria, viruses, fungi) | <input type="checkbox"/> Animals |
| <input type="checkbox"/> Human Blood or bodily fluids | <input type="checkbox"/> Other (provide details) |
| <input type="checkbox"/> Non-human blood or bodily fluids | _____ |

Other Hazards:

- | | | |
|------------------------------------|---------------------------------|---------------------------------|
| <input type="checkbox"/> Lasers | <input type="checkbox"/> X-Rays | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Radiation | | _____ |

Emergency Contacts

NOTE: Contact information is required for emergency planning; it is considered confidential information HSE and is protected. Please provide at least 3 lab contacts and ensure that emergency contacts are aware of their role.

Name & Lab Role	Phone 1	Phone 2	Phone 3