



# Laboratory Registration Process

## BACKGROUND

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: HSE 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    |  | <input type="checkbox"/> Other: _____     |

#### 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 2 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 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 (cell)	Phone 2 (office)	E-mail