

# Laboratory Safety Checklist for New Biology Workers

Name: \_\_\_\_\_

## 1. Health and Safety Training: To be completed before you work in the laboratory.

### Mandatory Courses:

### Date Completed

- |    |  |       |
|----|--|-------|
| a. | Employee Health and Safety Orientation | _____ |
| b. | WHIMIS Comprehensive                   | _____ |
| c. | Accessibility in Service               | _____ |
| d. | Safe Campus Community                  | _____ |
| e. | Lab and Environmental/Waste Management | _____ |

### Additional Courses: (if required. Discuss with Supervisor).

- |    |       |
|----|-------|
| f. | _____ |
| g. | _____ |
| h. | _____ |

## 2. Basic Safety:

Yes

You have been shown the location of:

- |    |                                  |                          |
|----|----------------------------------|--------------------------|
| a. | The Lab Health and Safety Manual | <input type="checkbox"/> |
| b. | Material Safety Data Sheets      | <input type="checkbox"/> |
| c. | Standard Operating Procedures    | <input type="checkbox"/> |

You understand:

- |    |  |                          |
|----|--|--------------------------|
| a. | All injuries or incidents must be reported to supervisor | <input type="checkbox"/> |
| b. | There is no food consumption in Laboratories             | <input type="checkbox"/> |
| c. | Doors must be locked when lab is unoccupied              | <input type="checkbox"/> |
| d. | Procedure/pickup times for Chemical waste disposal       | <input type="checkbox"/> |

## 3. Emergency Equipment and Procedures:

Yes

You know the location and use of:

- |    |                                       |                          |
|----|---------------------------------------|--------------------------|
| a. | Emergency phone numbers               | <input type="checkbox"/> |
| b. | Safety deluge shower                  | <input type="checkbox"/> |
| c. | Eyewash station                       | <input type="checkbox"/> |
| d. | Chemical spill kit                    | <input type="checkbox"/> |
| e. | Fire alarm pull and extinguisher      | <input type="checkbox"/> |
| f. | Evacuation route and alternate routes | <input type="checkbox"/> |
| g. | First aid kit                         | <input type="checkbox"/> |

## 4. Personal Protective Equipment

Yes

I understand that:

- |    |  |                          |
|----|--|--------------------------|
| a. | Safety glasses must be worn in the lab                         | <input type="checkbox"/> |
| b. | No open-toed shoes to be worn                                  | <input type="checkbox"/> |
| c. | No bare legs   | <input type="checkbox"/> |
| d. | There should be a safety glass tray for visitors               | <input type="checkbox"/> |
| e. | Lab gloves must be discarded <u>prior</u> to leaving lab areas | <input type="checkbox"/> |

## 5. Position Hazard Communication Form:

Yes

This online form has been completed with your supervisor.

## 6. I will ask my Supervisor/Safety Officer/SERG Rep if I have a concern