

Date Filed:

Experimental Registration Number:

Expiry Date:

Signature of Issuer:

EXPERIMENTAL REGISTRATION FORM

Computer work only

Researcher's Name:

Researcher's Signature:

Staff

Visiting Researcher

4th year

Summer

Graduate

Researcher's Telephone #:

Researcher's e-mail:

Supervisor's Name:

Supervisor's Signature:

Supervisor's Home Department:

Emergency Phone #: Local 82222

Chemical Safety Office Phone #: Local 87000

Is the Buddy system required?: Yes No (**Required when working anytime with hazards in laboratory**)

Successful completion of WHMIS training & Safety Course? Yes No

This form must be completed and an experimental registration number issued before ANY experimental work (even if it only involves computer work) can be conducted. This form is valid for a maximum of one year, with resubmission of same form for renewal if work remains unchanged. New form MUST be submitted whenever experimental procedures are changed.

If research involves computer work only, check this box and have supervisor initial below.

Supervisor's initials here _____.

1. LOCATION

Room Number:

Exhaust: Fume Hood

Canopy Hood

Entry points:

Glove Box

Alternate Fire Escape Routes:

Location of Nearest Fire Alarm:

12. PERSONAL PROTECTION AND SAFETY EQUIPMENT

B) Safety Equipment Locations (List where in the lab these are found; if not in your lab, list nearest location)

Eye wash station:

Shower:

Spill Kits:

Fire Extinguishers: