

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: