



### Personal Safety Information Checklist

Name \_\_\_\_\_ Dept. \_\_\_\_\_

Date \_\_\_\_\_

#### EMERGENCY INFORMATION

In the event of an **emergency**, I should know where the following **equipment and egress routes** are located: (i.e. include all of the areas that you work in)

	Fire Alarm	Fire Extinguishers	Fire Exits
<i>Location</i>			
<i>Location</i>			

In the event of an <b>evacuation</b> the <b>designated meeting area</b> or <b>muster station</b> is:	
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#### PERSONAL PROTECTIVE EQUIPMENT INFORMATION

The **Personal Protective Equipment** required for my work is (other PPE equipment should be added to the list):

Personal Protective Equipment	N/A	Yes	No
Lab Coat			
Gloves			
Protective Eyewear			
Fit Tested Respirator			



HAZARDOUS MATERIAL & EMERGENCY RESPONSE INFORMATION

*In the event I come into contact with a **hazardous material**, the **nearest Emergency**:*

**Eyewash/Shower** is located:

Room #	Location:
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The **Material Safety Data Sheets** are located:

Room #	Location:
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The **Chemical Spill Kit** is located:

Room #	Location:
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The **Biological Spill Kit** is located:

Room #	Location:
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SAFETY CONCERNS & REPORTING HAZARDS

*In the event I have a concern about safety or emergency procedures, I can contact:*

The **Local Health and Safety Committee** representative:

Name:	Room/Phone #:	Location:
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The **Floor Warden**:

Name:	Room/Phone #:	Location:
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The **First Aid Attendant**:

Name:	Room/Phone #:	Location:
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### UBC Emergency Phone Numbers

\*Review your Building Emergency Response Plan ([BERP ESB](#), [BERP EOSM](#) [EOSS](#)) for this information

#### Emergency Personnel

# for Police	# for Ambulance	# for Fire

# for First Aid Staff	# for First Aid Students/Visitors	# for Local First Aid for Minor Injuries

# for Hazardous Materials Response

\_\_\_\_\_

# for Fire Dept. (Non-Emergency)

\_\_\_\_\_

# for Student Health Service

\_\_\_\_\_

# for Campus Security

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What is your Building's Address?

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