



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 evacuation the designated meeting area or muster station is:	
--	--

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:
--------	-----------

The **Material Safety Data Sheets** are located:

Room #	Location:
--------	-----------

The **Chemical Spill Kit** is located:

Room #	Location:
--------	-----------

The **Biological Spill Kit** is located:

Room #	Location:
--------	-----------

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:
-------	---------------	-----------

The **Floor Warden**:

Name:	Room/Phone #:	Location:
-------	---------------	-----------

The **First Aid Attendant**:

Name:	Room/Phone #:	Location:
-------	---------------	-----------



UBC Emergency Phone Numbers

***Review your Building Emergency Response Plan ([BERP2018](#)) 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

What is your Building's Address?
