

Laboratory Commissioning Checklist and Occupancy Approval

Building _____ Laboratory Location _____
 Faculty _____ Unit Head _____
 Laboratory Manager _____ Date _____

The following is present in the Laboratory:

Verified by: _____ On: _____

- Emergency Sprinkler _____
- Fire Extinguisher and Signage _____
- Smoke Alarm _____
- Laboratory Manager Name and Emergency Contact Posted on Laboratory Door _____
- Chemical-Resistant Flooring Installed _____
- Chemical-Resistant Benchtops Installed _____
- Chemical Storage Shelves with lips or doors _____
- Laboratory Ventilation – 8-12 room air changes per hour _____

The following equipment is present or readily accessible to the Laboratory:

Last tested on: _____ Verified by: _____

- Emergency Eyewash and Signage _____
- Emergency Shower and Signage _____
- Fume Hood _____

Verified by: _____ On: _____

- Fire Alarm _____
- First Aid Kit and Location Signage _____
- Hand washing sink with soap and paper towels _____
- Spill Kit and Location Signage _____
- Safety Storage Cabinet for Flammables _____
- Safety Storage Cabinet for Acids _____
- Safety Storage Cabinet for Bases _____
- Material Safety Data Sheets _____

(All of the above items must be present unless an exemption by Health, Safety and Environment has been granted)

The Laboratory Manager has completed **Appendix 5** (Laboratory Hazard Control Plan) and agrees and undertakes as a condition of Tenancy to ensure the following will be present in or readily accessible to the laboratory and functional, before start up of any laboratory operations. (Check to indicate items selected)

The Laboratory Manager agrees as a condition of Tenancy that he or she shall:

- Complete and maintain the Laboratory Hazard Control Plan, with a copy provided to HSE
- Provide Emergency contact information (after hours contact name and phone) to Facilities Management
 - o (verified by _____ on _____)
- Provide HSE with a list of trained emergency response personnel (students, grad students, post docs) who are able to respond to emergencies specific to the activities of this laboratory
 - o (verified by _____ on _____)
- Describe any specialized alarms and provide emergency response procedures to HSE and contact information to Security
 - o (verified by _____ on _____)
- Ensure Laboratory Users or other persons working in the Laboratory are aware of and comply with Laboratory Safety Rules and Hazard Controls described in Appendix 5 (Laboratory Hazard Control Plan)
 - o (verified by _____ on _____)
- Implement the Monthly Laboratory Safety Checklist and inspect the lab in accordance with the checklist, monthly and on special occasions when circumstances warrant
 - o (verified by _____ on _____)
- Take action to rectify identified deficiencies in compliance with Lab Safety Rules, Standards or Hazard Controls
- Ensure that worksite specific training is provided to all who work in the laboratory, and maintain a record of such training
- Report to the Local Safety Committee on follow-up actions taken to rectify or answer any deficiencies noted in the Local Safety Committee's annual inspection
- Ensure that all chemicals have been included in the chemical inventory.
- Cooperate with the Local Safety Committee and with Health, Safety & Environment
- Complete all required safety training (WHMIS, Chemical and Laboratory Safety, Fume Hood Safety)

Name	Type of Training	Date Completed

The Laboratory Manager agrees with and undertakes to comply with the terms and conditions of occupancy.

_____ Signature _____ Date _____
 Print Name

Reviewed by Health, Safety and Environment

_____ Signature _____ Date _____
 Print Name

Approval of Occupancy is granted by Facilities Management, Planning Design and Construction.

_____ Signature _____ Date _____
 Print Name

Approval of Occupancy is granted by Researcher's Dean or Designate.

_____ Signature _____ Date _____
 Print Name