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

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

Print Name ___________________________ Signature ___________________________ Date __________

Reviewed by Health, Safety and Environment

Print Name ___________________________ Signature ___________________________ Date __________

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

Print Name ___________________________ Signature ___________________________ Date __________

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

Print Name ___________________________ Signature ___________________________ Date __________