

PERSONAL SAFETY CHECKLIST

This checklist is to help you become familiar with the hazards and safety features in your work area. You are required to complete this form and return it to the WHMIS Instructor.

Name: _____ Date: _____

PI: _____ Dept.: _____

Department's Street Address: _____

Building Name & Room #: _____

Emergency Numbers:

Fire _____ First Aid _____

Hazardous Spills _____ Security _____

Location of nearest.....

Fire Alarm Pull: _____

Fire Extinguishers: _____

Fire Exits: _____

Evacuation assembly point: _____

Incident, Hazard & WCB Forms: _____

Eyewash Station _____ Emergency Shower _____

First Aid Kit _____ Spill Kits/Cart _____

MSDS sheets _____ Glass Waste _____

Who is your....? (Name & aPhone No.)

Safety Committee Representative: _____

Fire Warden: _____

Emergency Lab Contact: _____

Hazard Identification List (Identify any hazards in your work area)

Hazard	Orientation Provided