

LABORATORY COMMISSIONING FORM

Department: _____ **Building and Room Number:** _____

Principal Investigator: _____ **Unit Head:** _____

Date Completed: _____

<u>Laboratory Use</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Chemical	<input type="checkbox"/>	<input type="checkbox"/>	Laser (Class ____)	<input type="checkbox"/>	<input type="checkbox"/>
Biological (CL____)	<input type="checkbox"/>	<input type="checkbox"/>	Compressed Gas	<input type="checkbox"/>	<input type="checkbox"/>
Radiation	<input type="checkbox"/>	<input type="checkbox"/>	Cryogenics	<input type="checkbox"/>	<input type="checkbox"/>
X-Ray	<input type="checkbox"/>	<input type="checkbox"/>	Other:	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments (If “other” is checked, describe):</u>					

<u>Life Safety Equipment present</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Fire Extinguisher	<input type="checkbox"/>	<input type="checkbox"/>	First Aid Kit	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Eyewash	<input type="checkbox"/>	<input type="checkbox"/>	Spill Kit (Chemical, Biological, and/or Radiation)	<input type="checkbox"/>	<input type="checkbox"/>
Emergency Shower	<input type="checkbox"/>	<input type="checkbox"/>	Emergency contact #'s posted	<input type="checkbox"/>	<input type="checkbox"/>
<u>Comments:</u>					

<u>Safety Equipment</u>	<u>Yes</u>	<u>No</u>		<u>Yes</u>	<u>No</u>
Fume hood	<input type="checkbox"/>	<input type="checkbox"/>	Gas Detector(s) (as required)	<input type="checkbox"/>	<input type="checkbox"/>
• Type			Access to Chemical Management System	<input type="checkbox"/>	<input type="checkbox"/>
• Last certification date(s)			Fire rated refrigerator (as required)	<input type="checkbox"/>	<input type="checkbox"/>
Flammable storage cabinet(s)	<input type="checkbox"/>	<input type="checkbox"/>	Handwashing facility available?	<input type="checkbox"/>	<input type="checkbox"/>
Corrosive storage cabinet(s)	<input type="checkbox"/>	<input type="checkbox"/>			
<u>Comments:</u>					

<u>General Information</u>	<u>Yes</u>	<u>No</u>
Are the walls, floors, window, ceiling, benches in good condition (no cracks, holes, etc.)?		

A requirement of occupying this space is agreeing to comply with Memorial's Laboratory Safety Program and ensuring that the following are present in or readily accessible prior to the start of any laboratory operations. Memorial's Laboratory Safety Plan and other related documents can be found at http://www.mun.ca/health_safety/OHSMS/LSMS/.

Laboratory Safety Requirements

Ensure lab specific orientation and a lab specific safety plan are completed and updated on a regular basis or as required. Ensure that all lab workers are familiar with plan, have reviewed and signed off on both.	<input type="checkbox"/>
Ensure all lab workers have completed all necessary safety training (including any required personal protective equipment training).	<input type="checkbox"/>
Perform risk assessment and ensure all high hazard activities have a written safe work procedure (SWP) and that all required personal protective equipment (PPE) is available. If activities change or new activities are added, ensure a new risk assessment is completed with additional SWP's as required.	<input type="checkbox"/>
Ensure a laboratory information template is completed and posted on all exterior doors to lab.	<input type="checkbox"/>
Ensure laboratory inventory is maintained in Chemical Management System and all lab workers have access to the system.	<input type="checkbox"/>
Ensure emergency contact information is current in chemical management system.	<input type="checkbox"/>
Ensure that any specialized alarms in your lab are noted above in comments section.	<input type="checkbox"/>
Provide Campus Enforcement and Patrol (CEP) and Environmental Health and Safety (EHS) with emergency response procedures for specialized alarms.	<input type="checkbox"/>
Complete and document weekly checks on eyewash and shower units.	<input type="checkbox"/>
Implement an inspection schedule to conduct annual lab inspections.	<input type="checkbox"/>
Participate in annual EHS inspection and address any non-compliance noted on inspection report.	<input type="checkbox"/>

Principal Investigator:

Signature: _____ Date: _____

Department Approval:

Department Director/Chair, Administrative Head or Designate (print name): _____

Signature: _____ Date: _____

EHS Representative:

Signature: _____ Date: _____