

## Orientation and Access Form for New Students, Employees and Volunteers

*Please print this form once it is completed and submit it to your departmental / school administration.*

***Please provide the following information:***

**General contact information:**

First name:	Last Name:
Employee/Student #:	Phone Number/Extension:
uOttawa e-mail:	Alternate e-mail:
Emergency contact:	Emergency contact phone number:
Department:	Supervisor:
Other (please specify):	

**Status:**

Student	Program of study (if applicable)	Professor	Staff
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***Training:***

**The following training is mandatory for ALL paid personnel, students and volunteers:**

[WHMIS training](#) (for office or laboratory workers):

[WORKER Health and Safety Awareness training](#):

[Violence Prevention training](#):

[Respect in the workplace training](#):

[Accessibility Standards for Customer Service training](#):

[Working Together: The Code and the AODA training](#):

**The following training is mandatory for ALL supervisors:**

[SUPERVISOR Health and Safety Awareness training](#):

**The following training is mandatory for ALL persons working in a laboratory:**

[Laboratory Safety training](#) (for CHG & CVG/Environmental Engineering):

[Dry Lab Risk Management training](#) (for CVG, MCG & EECS):

**The following job-specific training may be required (ask your supervisor for more information):**

[Principles of Laser Safety training](#):

[Biosafety Training - For Users](#):

Other training (please specify) \_\_\_\_\_ :

*For other job-specific training courses, visit the Office of Risk Management's webpage on [Persons Working in or Near a Laboratory or Hazardous Setting](#).*

### Key and Access Card Information

Specify building and room number of locations you wish to access.

Room:	Lock:	Card	Key
Room:	Lock:	Card	Key
Room:	Lock:	Card	Key
Room:	Lock:	Card	Key
Room:	Lock:	Card	Key
Room:	Lock:	Card	Key

*This section is reserved to the department/school administration.*

Key #:	Deposit:	Date returned:
Key #:	Deposit:	Date returned:
Key #:	Deposit:	Date returned:
Key #:	Deposit:	Date returned:
Key #:	Deposit:	Date returned:
Key #:	Deposit:	Date returned:

Fume hood number (if applicable):

Expiration date:

**For access card requests only:**

Do you already have an access card?      Yes      No  
 If yes, specify to which building and room number:

Do you wish to replace an existing access card?      Yes      No  
 Reason:

### General Laboratory Rules

1. **Eating, drinking, or storing food is prohibited in the laboratory.**
2. Appropriate clothes must be worn: shorts, open toed and open heeled shoes are prohibited. Safety eyewear and laboratory coats must be worn at all times when in the lab or when transporting materials between laboratories.
3. Long hair must be restrained or tied back.
4. Users must agree to follow the [Office of Risk Management directive on after-hours access](#).
5. Before disposing of anything in the sink, please consult the [Sewer-Use Guidelines](#), the [ORM - Environmental Management web page](#), and your supervisor.
6. **All accidents, incidents or occupational disease must be reported using the ["Accident, incident, occupational disease or near miss report"](#) form online.**
7. No procedure or equipment should be used without proper safety instruction from trained laboratory personnel.
8. Untrained people are not allowed in the laboratory. All visitors must wear safety glasses.
9. The laboratory doors must be shut at all times and locked when no one is in the laboratory.
10. Users must be familiar with the Safety data sheets (SDS) for all the hazardous materials they will work with before using them.
11. If emergency treatment is required, take the appropriate SDS with you.
12. Emergency response procedures for fires and chemical hazard and biohazard spills are in the [Laboratory Safety Manual](#). Read them in advance!
13. All spills, incidents or exposures must be reported to the Principal Investigator.
14. Work surfaces must be cleaned and/or decontaminated daily. No hazardous chemicals should be left outside storage cabinets overnight.
15. Hands must be washed with soap before leaving the laboratory.
16. Visit the [Faculty web page](#), the [Health and Safety section](#), the [Office of Risk Management \(ORM\) web page](#), the ORM - Environmental Management web page, and the ORM's Health & Safety Policies and Guidelines web page.

***Please fill out the following statements (for all workers)***

17. The University of Ottawa's Emergency number is:
  
18. In case of fire, call 5411 and give your name, telephone number, location and the nature of the fire, and Protection will notify the emergency services.
  - a. The fire extinguisher is mounted here:
  
  - b. The building fire alarm system can be activated at the nearest fire alarm pull station located here:
  
19. All individuals must know the nearest primary and secondary escape routes from their room. An evacuation plan showing these escape routes from the building is located here:
  
20. In case of an injury, first aid kits and designated first aiders should be available to help.
  - a. The nearest first aid kit is located here:
  
  - b. The nearest designated first-aider is located here:
  
  - c. A list of all designated first aiders is located here:
  
21. [Information concerning the Faculty's Health and Safety staff members can be found online](#). The Health, Safety and Risk Manager for the Faculty of Engineering is:
  
22. [A list of all Health and Safety Committee members can be found online](#). My representative on the Office Functional Occupational Health and Safety Committee or the Laboratory Functional Occupational Health and Safety Committee is:

***Please fill out the following statements (for laboratory workers only)***

23. An emergency eyewash station is located here:
  
24. Safety showers are located here:
  
25. A spill kit is located here:
  
26. Personal Protective Equipment (i.e. respirator, face shield, cold gloves, blast shield, etc.) is located here:
  
27. The following hazards for which training is required (i.e. laser, x-ray diffraction, high voltage, high pressure, flame photometer, NMR, high vacuum pump, etc) are present in the laboratory:

**Key information for access card holders:**

- Familiarize yourself with the room security system.
- If the card reader light is green you can enter the room without using the card. Turn and/or push the handle.
- A door held open for more than 120 seconds can trigger the alarm.
- Never hold the door open with an object.
- If you lose your card or have it stolen, report it immediately to your department/school or to Protection Services.
- You are personally responsible for your access card; never lend it, never allow an unauthorized person to access a room with an access card system. If you break this rule you may lose your access privileges.
- Do not access a room without proper authorization, you can lose the right to an access card.

**Informed consent for laboratory workers**

1. I accept the risks, dangers and hazards inherent in undertaking my research activities. Such risks may include but are not limited to the following:  
*Laboratory procedures:* Any manner of bodily injury, loss or property damage resulting from the exposure to or direct contact with chemical products, biological samples, specimens, radioactive materials in their original state or as modified or changed by laboratory processes and from hazardous reactions, fires, spills or other hazards resulting from laboratory experiments.  
*Equipment:* Any manner of bodily injury, loss or property damage resulting from the use, misuse, non-use and failure of any equipment.
2. That I have received the appropriate laboratory safety training to conduct my research activities and have read the Laboratory Safety Manual; and that it is my responsibility to familiarize myself with the contents of the Manual;
3. That access to the laboratory is for the sole purpose of conducting my research activities and for no other purpose and I agree not to work alone in the laboratory when potentially hazardous material, equipment or activities are involved;
4. (In the case of a student) That I will not undertake any experimental procedure or process that was not discussed or reviewed with the professor and without first having received training, instruction and/or supervision from the professor or someone designated by the professor as competent to train, instruct in or supervise such a procedure or process; and
5. That I will take the necessary measures to ensure that no other person uses my key and/or security card to access the University's premises and that I will not give or lend the key(s) and/or security card(s) to other persons.

I agree to return the key(s) and/or access card to the University upon completion of my research activities. I further agree that the University may, at any time, demand the return of the key(s) and/or security card(s) if I fail to comply with any University policy, procedure, regulation or any of the above. I have read and I understand the contents of this document.

**Agreement**

The University work place health and safety issues are governed by [Policy 72 - Environmental Management and Sustainability](#), [Policy 77 - Occupational Health and Safety](#), and [Procedure 14-1 - Internal Responsibility Procedure for Health and Safety Issues](#). [All University policies and procedures are published online](#). I have read and understood the above policies.

**Access card**

I have read and confirm that I understand the rules and instructions governing the University of Ottawa access card system. If the use of my card causes a problem or an alarm, authorities can contact me using the information provided. I recognize that Protection Services and my department /school unit reserve the right to cancel my card if I fail to follow the rules and instructions above.

**Key**

Workspace assigned to me is in proper order, clean, free of unknown products and I understand that I am responsible for keeping it that way during my entire tenure at the University. I will use the key in a responsible manner and I will return it immediately upon leaving. When I will leave, the assigned workspace will be returned in the same condition as at the beginning, and will be inspected before I leave.

Employee/Student:                      Name:    Signature:    Date:

Supervisor:                                      Name:    Signature:    Date: