

Laboratory OHS Orientation

IDENTIFICATION OF THE NEWCOMER		
NAME:		
EMAIL:		
PHONE: (home)	(cell):	
RESEARCH SUPERVISOR:		
The health and safety orientation do laboratory.	ocument must be completed before starting work in the	
All this information must have been	given to you by your research director:	
☐ Emergency contact numbers: 911 ((from an internal phone) or 819 376-5050 (from a cell	
phone);		
☐ Location and use of the nearest ey	ewash station and safety shower;	
☐ First Aid Kit Location;		
☐ The location of the fire extinguishe	er and its instructions (<u>video</u>);	
☐ The 3 alarm signals: Evacuate, Barr	ricade yourself, Confine yourself: www.uqtr.ca/urgences ;	
☐ The location of the nearest assemb	oly point and containment area;	
☐ The importance of reporting any in	ncident or accident: www.uqtr.ca/formulaireaccident .	



Check the required training according to the risks that are present in the laboratory:

To register for the required training, visit: www.ugtr.ca/formationsgmd

Title of training	Required (yes or no)	Training completed on (date)
WHMIS Training	√ mandatory	
Laboratory Safety Training	√ mandatory	
Training on the use of the inventory system and production of WHMIS	√ mandatory	
labels		
Biosafety training		
Training on the safe use of liquid nitrogen		
Gas cylinder safety training (coming soon)		
Hydrogen Safety Training		
Training in radiation protection		
Training on the transportation of dangerous goods by land		
Other training required, please specify:		

Training specific to the laboratory It is strongly recommended that such specific training or procedures
be documented by the research supervisor.
\Box I have received information on the hazards and safe use associated with the products I will be using
Please specify:
\Box I have received information on the hazards and safe use associated with the equipment I will be using (e.g., UV, centrifuge, autoclave, chemical hood, etc.) Please specify:
\Box I have received information on the hazards and safe use associated with the manipulations, processes I will perform.
Please specify:
\square I have received information on specific emergency procedures
Please specify:



Personal protective equipment required according to the risks involved

Personal protective equipment	Check if required
Lab coat	√ mandatory
Safety glasses	√ mandatory
Long pants	√ mandatory
Closed shoes	√ mandatory
Respiratory protection Contact gmd@uqtr.ca for more information	
☐ Dust mask	
□ N95 Mask	
☐ Cartridge mask	
Task(s) requiring respiratory protection:	
Hearing protection Contact gmd@uqtr.ca for more information	
☐ Ear plugs	
☐ Hearing protection shells	
Task(s) requiring hearing protection:	
Other PPE required, please specify:	·



Instructions

- Complete the mandatory trainings identified in this form.
- ➤ Be aware of, and comply with institutional safe work policies, programs and procedures and directives communicated by the supervisor.
- ➤ Know the hazards associated with the use of hazardous materials, a process or equipment, learn the proper methods for handling, storing, transporting and disposing of them.
- Take the necessary measures to protect their health, safety or physical integrity and those of others.
- ➤ Identify dangerous situations and hazards in your workplace or study, and notify your supervisor.
- Report any incident, accident, spill, theft or loss of hazardous materials to your supervisor immediately.
- Comply with the prescribed dress code in the laboratory, i.e., wear long pants and closed shoes.
- Wear a lab coat and safety glasses at all times in the laboratory, as well as any other personal protective equipment required for the task being performed.
- Prioritize working during UQTR business hours. Outside of these hours, work with a colleague or apply the UQTR procedure for working in an isolated location.
 - > Do not work when your condition poses a risk to your health or the health of others, particularly in case of impairment by drugs or alcohol, or any other personal situation.

I hereby agree to abide by the safety instructions, failing which my access to the laboratory may be withdraw				
Signature of the newcomer	Signature of the research supervisor	Date		