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| --- | --- |
| Student/Researcher name: |  |
| Supervisor name: |  |
| Date of ISP:  |  |

\*This document is a **template**. Under each heading, please review all the information and use this information to develop your plan. Note, everything in **italics** should be edited. Then, add or remove these details as appropriate to your individual research. Stuck? Please contact your department for assistance.

1. **Potential hazards**

*The [student or researcher]’s project includes preparing, processing and analyzing samples in a laboratory and this work includes exposure to the following potential hazards: 1) corrosive chemicals, 2) poisonous chemicals, 3) potentially explosive chemicals, 4) potentially carcinogenic chemicals, 5) biohazardous materials, 6) pressurized gas cylinders, 7) UV burns, 8) sharps, 9) working with extremely cold temperatures (minus 80C freezers and liquid nitrogen), 10) improper use of equipment, slips and falls, injuries from improper lifting of heavy objects.*

1. **Necessary skills or protocols to deal with named hazards**

*[Student or Researcher] must be familiar with safe procedures for handling, transporting, storing and disposing of hazardous chemicals, sharps, cold and hot materials and specialized lab equipment (heating elements, centrifuges, fume hoods, pressurized gas cylinders), lab safety equipment (eye-wash stations, emergency shower, fire extinguishers, first aid kits), and dealing with spills.*

*Emergency procedures for accidents or spills have been reviewed.*

*The [student or researcher] also knows whom to contact in the event of an emergency.*

*The [student or researcher] knows the correct use of protective clothing and where to obtain replacements.*

*The [student or researcher] is familiar with procedures for using the Forest Sciences Centre Hazardous Materials Facility.*

*The lab director will confirm that this [student or researcher] has the necessary skill and protocol to deal with equipment and hazards in this lab before the commencement of new phases of lab-work.*

1. **Training the [*student or researcher*] has already received (*including dates of completion / expiration if relevant*)**

*[student or researcher] has been told of and shown potential hazards by lab director and has jointly discussed the specific hazards associated with their research project, as outlined in Section 1 above.*

*[student or researcher] has completed the lab orientation (date)*

* + - *[student or researcher] has taken the Introduction to Laboratory Chemical Safety Course at U.B.C. (date)*
* *[student or researcher] has reviewed procedures for storage and transportation of gas cylinders, liquid nitrogen and hazardous chemicals (including elevator use)*

*[student or researcher] has been certified and has access to the Forest Sciences Centre Hazardous Material Facility (year/month/day)*

1. **Training the [*student or researcher*] requires (*including required dates for completion*)**
* *[Training course] (year/month/day)*
1. **Personal protection gear**
	* + *All personal protection gear has been supplied to the [student or researcher] prior to research.*
* *The [student or researcher] will use the following personal protective equipment: Hair bands to* *tie up long hair away from face; safety glasses for eye projection; certified ear protection when working with sonicators or noisy equipment; full UV face shields when working with UV light source; lab coats/coveralls when working with hazardous materials and/or chemicals; etc.*
* *The [student or researcher] will know and will wear the correct types of gloves when working with specific chemicals (i.e. nitrile gloves for corrosive chemicals and thermal gloves when working with liquid nitrogen); long pants when working in the lab and closed toe shoes.*
* *The [student or researcher] will know the location of the eye-wash station, emergency shower, fire exits, fire extinguisher and first aid kit.*
* *No food or drink is permitted in the lab.*
1. **Schedule and system in place for regular check-in with supervisor, designated contact person on-site, family, or friends during working hours and after working hours**

*During working hours, [student or researcher] knows to contact director.*

* *For work outside of normal working hours (8am-5pm, Monday-Friday), the [student or researcher] knows the contact numbers to call in the event of an emergency.*
* *If the [student or researcher] is working in the lab outside of normal working hours, they will let their designated personal contact person know, and will contact them on leaving the lab.*
* *The designated personal contact will know of the lab location and phone number, the [student or researcher]’s cell phone number and the research supervisor’s phone number.*
1. **Emergency contact information (e.g. local emergency services phone numbers, search & rescue phone numbers) where are they located**
* *[Student or Researcher] has been shown where to look up contact and emergency numbers in the event of an emergency and knows the location of the nearest emergency phone.*
* *See attached list of personal contacts.*
1. **Emergency response and evacuation plan**
	* + *[Student or Researcher] has been shown location of fire extinguishers, evacuation routes, and is familiar with the FSC Emergency Response and Evacuation Plan*
2. **Other: include additional sections as required**
	* + [Student or Researcher] has been shown how to use unfamiliar equipment and to use proper procedure when lifting heavy objects
3. **UBC Policies that all students or researchers are required to comply with (Note: All students or researchers are required to complete the Faculty of Forestry Personnel Orientation and Training Record and submit it to their Department office. If the project requires travel outside of Canada you must follow Policy SC 12.)**
	* + *If the [student or researcher] attends an overseas conference, they will comply with UBC Policy SC 12 [student or researcher]* [*Students Abroad Policy*](https://universitycounsel.ubc.ca/policies/students-abroad-policy/)*.*
		+ *The Faculty of Forestry Personnel Orientation and Training Record was submitted to the Department office (year, month, day)*
4. **Time sensitive items**

|  |  |
| --- | --- |
| Item description | Required Completion Date |
| All requirements completed | date |

1. **Signatures**

Supervisor Date Student or Researcher Date

By signing the Safety Plan the Student or Researcher and the Supervisor indicate they understand and agree with the contents of the plan, agree to implement the plan, and agree to amend the plan as required.