

Date _____ Building Code _____ Room Number _____
 Room Name _____

Restricted Access? **Yes** **No** If **yes**, approval is required by Access Contact **PRIOR** to entry.

Room Use _____ Primary Classification _____

Containment or Hazard Awareness 1.
 (Additional hazards can be detailed in the area below) 2.

Access Contact Information

Primary Contact	Phone	Ext.
Backup Contact	Phone	Ext.

Emergency Contact Information

In case of an emergency, please contact Security first at 905.721.3211

Emerg Contact 1	Phone	Ext.
Emerg Contact 2	Phone	Ext.

Hazard Information

Hazardous chemical storage present:
 Compressed gas present:
 If **yes**, list compressed gas types:

Additional room hazard information:



Refer to the Room's Health and Safety Centre for any additional requirements.