

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.**