

Appendix A - Laboratory Renovation & Construction Initiation Form

The objective of this document is intended for the Principal Investigator (PI) (or applicable person) to accurately confirm laboratory operational requirements. Please note that we recommend you consider not just current lab activities but future research activities in consideration of departmental/unit research goals. This form must be completed by the Principal Investigator (or applicable person) and submitted to EHS (ehs.office@utoronto.ca) prior to initiation of any work. A project report will be provided by EHS (to the PI, Chair and designated UofT project contact as applicable) within 2-3 weeks. Please ensure that you plan accordingly as per these time constraints. Permit decommissioning or lab closure is involved review Lab Closure Guidelines (<https://ehs.utoronto.ca/our-services/environmental-protection-services/guidelines-for-laboratory-closure/>) *if you have questions regarding how to complete this form please contact EHS.

Section 1: Biological Agents Will you work with biological agents? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to next Section 2	
Will you work with biological agents? Select Which: <input type="checkbox"/> Bacteria <input type="checkbox"/> Viruses <input type="checkbox"/> Fungi <input type="checkbox"/> Parasites <input type="checkbox"/> Prions <input type="checkbox"/> Natural/ Recombinant DNA/ RNA <input type="checkbox"/> Tissues, Cells Blood and/or Body fluids from humans or animals <input type="checkbox"/> Proteins or Toxins from a micro-organism that can cause disease in a human, animals or plants including any synthetic form of such proteins or toxins Others:	Do you currently have a biosafety permit? <input type="checkbox"/> Yes Permit #: <input type="checkbox"/> No <i>Upon review of this form and any current permits changes could be required to be updated in a permit renewal</i>
Section 2: High Hazard Chemicals Will you work with High Hazard Chemicals? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, go to next Section 3	
Do you currently have a High Hazard Chemical Permit? If No (or you will be working with agents that are in addition to what is on your permit OR if you do not currently have a permit) please complete the below.	<input type="checkbox"/> Yes Permit #: <input type="checkbox"/> No
Will you be working with Known or potential explosives (azides, nitro compounds, peroxides, perchlorates, etc)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Appendix A - Laboratory Renovation & Construction Initiation Form

Will you be working with High toxicity chemicals (LD50 < 50 mg/kg)?	Yes	No
Will you be working with High hazard corrosives (HF, aqua regia, piranha, perchloric, chromic, etc)?	<input type="checkbox"/> Yes	No
Will you be working with confirmed reproductive toxins and/or teratogens?	<input type="checkbox"/> Yes	No
Will you be working with nanomaterials?	<input type="checkbox"/> Yes	No
Will you be working with confirmed and probably IARC carcinogens?	<input type="checkbox"/> Yes	No
Will you be working with novel compounds? If yes, provide details: _____	<input type="checkbox"/> Yes	No
Will you use/store greater than 1L of any concentrated solutions of inorganic or organic acids? E.g. nitric acid, sulphuric acid, hydrochloric acid, hydrofluoric acid, glacial acetic acid etc. If yes, provide details:	<input type="checkbox"/> Yes	No
Will you use/store greater than 1L of any concentrated basic solutions? E.g. sodium hydroxide, potassium hydroxide, ammonium hydroxide, concentrated bleach (>12%) etc. If yes, provide details:	<input type="checkbox"/> Yes	No
Will you use/store greater than one litre of any other corrosive liquid or other liquid that can cause harm when absorbed through the skin? If yes, provide details:	<input type="checkbox"/> Yes	No
Will you be working with any other chemical at quantities over 1L in volume? If yes, provide details:	<input type="checkbox"/> Yes	No
Will you use toxic volatile chemicals such as solvents or toxic powders? If yes, provide details:	<input type="checkbox"/> Yes	No

Chemical Inventory

****Please provide COMPLETE chemical inventory of proposed lab (use template at end of this document)
(add additional lines as required)****

Appendix A - Laboratory Renovation & Construction Initiation Form

Section 3: Controlled Substances

Will you be working with Controlled Drugs or precursors? If yes provide details:	Yes No
---	-----------

Section 4: Lasers

Do you currently have a laser permit?	Yes <input type="checkbox"/> No
If Yes, will you be working with the exact same lasers?	Yes permit #: No
If No (or you will be working with lasers that are in addition to what is on your permit OR if you do not currently have a permit) please provide a list of all class 3B or 4 open beam lasers you will be using :	

Section 5: Radiation

Will you be working with radiation e.g. open and/or sealed sources, and/or use of irradiators? If Yes, will you be working with the exact same agents? —	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have a radiation permit?	<input type="checkbox"/> Yes Permit #: <input type="checkbox"/> No
If No (or you will be working with agents that are in addition to what is on your permit OR if you do not currently have a permit) please provide a list of all agents you will be using :	

Appendix A - Laboratory Renovation & Construction Initiation Form

Section 6: X-Rays

Will you be working with x-rays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you currently have an x-ray permit?	<input type="checkbox"/> Yes Permit #: <input type="checkbox"/> No
If Yes, will you be working with the exact same x-rays?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If No (or you will be working with x-ray machines that are in addition to what is on your permit OR if you do not currently have a permit) please provide a list of all x-ray machines you will be using :	

Section 7: Gas Supply

Will you require gas supply?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide details		
Gas:	Size of Cylinder:	# of Cylinders
<input type="checkbox"/> Plumbed <input type="checkbox"/> Stored cylinders		

Appendix A - Laboratory Renovation & Construction Initiation Form

Other equipment						
	Equipment	Total weight	Electrical Requirements	Mechanical Requirements e.g. exhaust	Other	Spec sheet attached (✓)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

Appendix A - Laboratory Renovation & Construction Initiation Form

	Chemical name (Alphabetically)	Concentration	Total Quantity	Max. size of each container	Area of activity (use or handling) involving the chemical		Location of storage		
					Only w/in fume hood (✓)	In open area of lab (✓)	Only w/in flammable storage cabinets (✓)	In the open area of the lab (✓)	In the Glove Box (✓)

Appendix A - Laboratory Renovation & Construction Initiation Form

	Chemical name (Alphabetically)	Concentration	Total Quantity	Max. size of each container	Area of activity (use or handling) involving the chemical		Location of storage		
					Only w/in fume hood (✓)	In open area of lab (✓)	Only w/in flammable storage cabinets (✓)	In the open area of the lab (✓)	In the Glove Box (✓)