

## DEPARTMENT SAFETY REPORT

Date: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Researcher: \_\_\_\_\_ Signature: \_\_\_\_\_

Laboratory Room #: \_\_\_\_\_

Title of Project: \_\_\_\_\_

**(If applicable): The existing safety report is still current and nothing has changed since the report was submitted.**

**Researcher Signature:** \_\_\_\_\_

**Supervisor Signature:** \_\_\_\_\_

TYPE OF HAZARD	APPLICABLE (YES, NO ?)
Fire / Explosion	
Toxic	
Radioactivity	
Electrical	
High Pressure	
Mechanical	
Falling Objects	
High Temperature	
Other (list)	

**TO BE ATTACHED TO THE FRONT OF THE FULL SAFETY REPORT.**

For instructions please see:

<http://materials.mcmaster.ca/administration/SAFETY/safetyReport.php>