**Brimacombe Intake Form**

**New to the Brimacombe Building?** Please complete both pages of this form to initiate your onboarding. This is required of all AMPEL researchers and staff working in Brimacombe (including SBQMI), and of authorized external users who regularly use facilities in Brimacombe.

Please read building access instructions and safety plans here: <https://www.ampel.ubc.ca/safety-2>.

Submit this form to Irina at reception for processing, or e-mail to [ampel-sec@apsc.ubc.ca](mailto:ampel-sec@apsc.ubc.ca).

**PERSONAL INFORMATION**

Name:

Phone Number:

E-mail Address (UBC):

E-mail Address (Personal):

Student / Employee UBC ID #:

CWL Username:

Select your title: □ Undergrad □ MSc □ PhD □ Postdoc □ RA □ Faculty □ Staff

If staff, what is your job title?

If student, expected graduation date (month, year):

What are the first 6 digits on the back side of your UBC ID card after the plus (+) or minus (-) sign?

**KEY ACCESS REQUEST**

*To be completed by your supervisor. You will be notified via e-mail twice about your keys – once when your key request has been submitted, and again when your keys are ready for pick up.*

□ Office(s) #: □ Card access □ Key access

□ Lab(s) #: □ Card access □ Key access

Requires card access to The Brimacombe Building? □ Yes □ No

Requires key access to common areas (classroom, lunchroom, hallways)? □ Yes □ No

Is the person filling out this form working on SBQMI research? □ Yes □ No

**SUPERVISOR’S SIGNATURE**

Name: Signature:

Date:

**Personal Safety Information Checklist**

Name:

**GENERAL SAFETY CHECKLIST**

*Most information below can be found on the red bulletin boards on each floor of The Brimacombe Building.*

**Phone Numbers:**

Campus First Aid Campus Security

Police/Fire/Ambulance/Hazardous Spill RCMP Non-Emergency

Biological, Radiation, and Chemical Safety UBC Hospital Urgent Care

**In relation to your office and/or lab, where is the nearest:**

Fire Alarm? Fire Extinguisher?

Emergency Exit? Spill Cart?

**Other safety information:**

Name of Floor Fire Warden:

Meeting location in case of emergency:

□ I have made my Floor Fire Warden(s) aware of any physical handicap that may affect my safety during a fire. In case of a fire alarm or drill, I am to leave the building and meet at the predetermined meeting location to ensure that all personnel are accounted for safely.

□ I have completed all **Mandatory Training for all Workers** courses ([https://rms.ubc.ca/training-and-general-education-courses/mandatory-training-for-all-ubc-workers](https://rms.ubc.ca/training-and-general-education-courses/mandatory-training-for-all-ubc-workers/)).

**LAB SAFETY CHECKLIST**

*Only fill out this section if you have lab access.*

**Personal Protective Equipment required for my research and activities:**

□ Lab Coat □ Eye Wear □ Gloves □ Helmet

□ Gown □ Protective Footwear □ Face Mask □ Other

**Where are the following items located in your lab?**

First Aid Kits Safety Data Sheets

Eye Wash/Shower

The eye wash and shower are supplied with an emergency alarm. □ Yes □ No

My lab supervisor instructed me how to use the eye wash and shower. □ Yes □ No

□ I have completed all applicable **Research Safety Training** courses ([https://rms.ubc.ca/training-and-general-education-courses/research-safety-training-courses](https://rms.ubc.ca/training-and-general-education-courses/research-safety-training-courses/)) or have agreed with my supervisor a plan to complete the applicable training courses by this date:

**SUPERVISOR’S SIGNATURE**

Name: Signature:

Date:

**Supervisors:** Please file a copy of this completed form in your lab safety binder.