Microscopy Client Personal Protective Equipment (PPE) Checklist

In that the Advanced Microscopy Facility (AMF) is a unit of the Department of Biological Sciences which services a broad and diverse group of clientele on campus and in accordance with Provincial Legislation and University of Alberta Policy the following Personal Protective Equipment (PPE) check list is to be completed to indicate that we are maintaining a safe working environment for our clients and ourselves.

PPE requirements and special conditions for the PPE in the AMF

☒ Appropriate gloves
☒ Safety glasses
☒ Floor length pants or equivalent
☒ Closed toe shoes
☒ Laboratory coat or gown
☒ UV protective eyewear

Special Conditions:

Gloves: Nitrile or latex gloves must be worn at all times when manipulations are being carried out using material governed by WHIMS regulations (see chemical inventory); regardless of the volume being handled.

Safety Eyewear: Is recommend to be worn at all times, but MUST be worn when handling material in volumes greater than 5 ml and/or if the material is a WHIMS D1, D2 or D3 toxin, or is corrosive (WHIMS E) or is dangerously reactive (WHIMS F).

A Lab Coat: Is recommended to be worn at all times, but MUST be worn when handling material in volumes greater than 5 ml and/or if the material is flammable (WHIMS B), is a WHIMS D1, D2 or D3 toxin, is corrosive (WHIMS E), or is dangerously reactive (WHIMS F).

Full length pants and close toed shoes: are recommended to be worn at all times, but MUST be worn when handling material in volumes greater than 5 ml and/or if the material is flammable (WHIMS B), is a WHIMS D1, D2 or D3 toxin, is corrosive (WHIMS E), or is dangerously reactive (WHIMS F).

UV Protective Eyewear: shall be worn at all times when there is a risk of exposure from any UV lamp.

Exemptions:

PPE is not required when working at microscopes with stable, inert samples or at desks, teaching, using computer terminals in the AMF, or when using equipment where PPE is not mandated (as covered in equipment training).

My signature below indicates that I understand and will follow the PPE requirements for this laboratory.

____________________   _____________________  __________
Print Name     Signature     Date