



中國科學院系港創新研究院  
再生醫學與健康創新中心

Centre for Regenerative Medicine and Health  
Hong Kong Institute of Science & Innovation, Chinese Academy of Sciences



## Standard Operating Procedure *for Handling a Chemical Spill*

| DOCUMENT PARTICULARS                     |   |
|--|---|
| Document No.                             | CRMH-SOP-009  |
| Version No.                              | 01  |
| Issue Date:                              |   |
| Effective Date:                          |   |
| Authorized by:<br>Name/ Title/ Signature | <br><br><hr/> <b>Prof. Pan Guangjin</b><br>Director of CRMH |

## Review History

| Version No. | Issue Date<br>(DD/MMM/YY) | Effective Date<br>(DD/MMM/YY) | Next Review Date<br>(DD/MMM/YY) | Highlights for revision |
|-------------|---------------------------|-------------------------------|---------------------------------|-------------------------|
| 01          |                           |                               |                                 | New SOP                 |
|             |                           |                               |                                 |                         |

## Table of Contents

| Section    | Title  | Page no. |
|------------|--|----------|
| A          | Objectives   | 4        |
| B          | Scope  | 4        |
| C          | Facility Covered   | 4        |
| D          | Basic rules for working in the laboratory  | 4        |
| E          | Personal Protective Equipment (PPE)  | 5        |
| F          | Chemical Spill Kit   | 5        |
| G          | Warning  | 6        |
| J          | Minor and Major Chemical Spill Classification                                    | 7        |
| I          | Procedures   |          |
|            | 1. General   | 7        |
|            | 2. Minor Spill   | 7        |
|            | 1.1 Minor Spill in Open Laboratory or Cleanroom<br>(OUTSIDE fume hood)           | 7        |
|            | 1.2 Minor Spill INSIDE Fume Hood   | 8        |
|            | 3. Major Spill   | 9        |
|            | 4. Personal Exposure   |          |
|            | 3.1 Chemical Spill on Body   | 9        |
|            | 3.2 Chemical Spill in Eye  | 10       |
|            | 5. Reporting Procedures after the Clearance of the<br>Spillage                   | 11       |
| I          | Contract Numbers   | 12       |
| J          | Flow Diagram for Handling Chemical Spills  | 12       |
| K          | Abbreviations  | 12       |
| Appendix A | CRMH Minor Accident & Incident Report for Internal Record                        | 13       |
| Appendix B | HKSTP Accident & Incident Report Form  | 15       |
| Appendix C | Locations of Emergency Call Buttons and Emergency<br>Ventilation Buttons in CRMH | 20       |
| Appendix D | Locations of Emergency Showers and Eye Wash in CRMH                              | 21       |
| Appendix E | Locations of Safety Station  | 23       |

### **A) Objectives**

This document describes the procedures used by *Centre for Regenerative Medicine and Health, Hong Kong Institute of Science & Innovation, Chinese Academy of Sciences Limited* (refer to CRMH below), staff and students who work in cleanroom and open laboratory to respond to chemical spills so as to contain and control the spill and minimize the exposure.

### **B) Scope**

This document applies to all students and staff in CRMH. Students and staff in CRMH are responsible for knowing which chemicals are used for their experiments and located in their laboratory, as well as being familiar with the hazards posed by these materials.

### **C) Facility Covered**

Cleanrooms, open laboratories, and fume hoods in CRMH,  
5/F, 15 Science Park West Avenue, Hong Kong Science Park, Shatin, Hong Kong

### **D) Basic rules for working in the laboratory**

1. Never eat, drink, smoke, or use make-up in the laboratories.
2. Never leave any ongoing experiments unattended.
3. Long hair and loose clothing should be properly confined.
4. Wear proper personal protective equipment e.g., gloves, laboratory gown, goggles, hearing protection, and eye protection whenever applicable.
5. Shorts, sandals, and slippers are not allowed in the laboratories.
6. Know the laboratory's emergency escape routes and evacuation procedures.
7. Know the locations for the laboratory's safety equipment, including safety station, firefighting equipment, emergency shower and eyewash unit, spill kit, first-aid kit, etc
8. Know the emergency phone numbers to call for help in case of an emergency.
9. Read the MSDS and understand the potential hazard of the chemicals before using.

## E) Personal Protective Equipment (PPE)

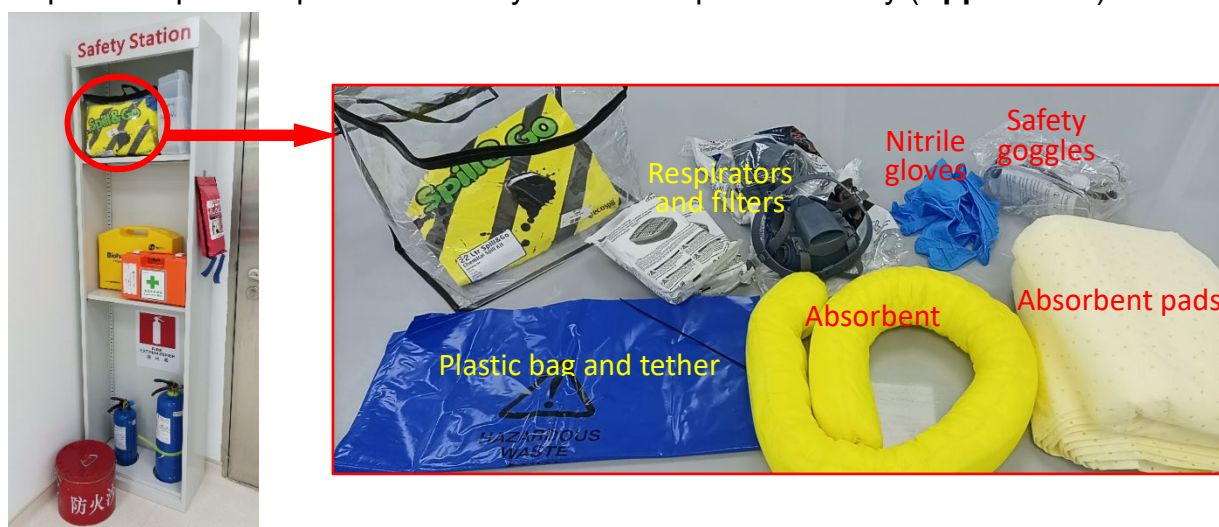
To handle spills, the following PPE must be worn.

|   |   |  |   |
|---|---|--|---|
|  |  |  |  |
| <b>Lab coat</b>   | <b>Safety goggles</b>   | <b>Nitrile gloves</b>  | <b>Respirator</b>   |
| <b>Available in Spill&amp;Go kit at Safety Station</b>                            |   |  |   |

- The purpose for personal protective equipment (PPE) is to shield the individual in the event of a release of vapor, a spill or other incident. PPE is NOT a substitute for safe work practices.
- Eye protection must be used during handling and clean-up of any chemical spill. Safety goggles are required and are available inside Spill&Go kit on Safety Station shelf located at each open lab.
- Nitrile/Latex gloves or other chemical-resistant gloves should be worn. Chemical burns can be extremely painful and difficult to treat.
- Lab coat must be worn when you handle the spill. If the lab coat is spilled with chemical(s), it should be washed after cleaning the spill.
- Wear the respirator when you handle the minor spill of corrosive chemical, toxic chemical, or any chemical which vapor may damage your respiratory tract.

## F) Chemical Spill Kit

Spill&Go spill kit is placed at Safety Station in open laboratory (**Appendix E**).



The Spill&Go kit can be applied to spillage of acids, alkalis, organic solvents, and oil. It includes the following components:

1. Safety goggles
2. Respirators and filters
3. Nitrile gloves
4. Absorbent materials (boom and pads)
5. Plastic bag and tether for waste materials

### G) Warning

No spills or wastes should be flushed down a drain except where it is clearly known that it is permissible and no harm to plumbing or to the environment will result. Always refer to Material Safety Data Sheet (MSDS) of spilled chemical(s) before taking any action against the spill.

### H) Minor and Major Chemical Spill Classification

Minor, indoor spills that present no immediate, significant threat to personal health or safety, or of being released to the environment, are to be cleaned up by the person(s) responsible for the spill. Minor Spill is one in which **ALL** of the following conditions are met:

- the responsible party is at the scene; and
- the material spilled is known; and
- the material spilled is NOT highly toxic according to MSDS; and
- the quantity spilled is small (<4 L); and
- there is NO fire hazard present according to MSDS; and
- the spill is completely contained inside a building; and the material has little or no potential to reach the environment (e.g., via a drain); and
- the spill is NOT in a common area (e.g., a hallway) or other area accessible to the general public; and
- medical attention is NOT required; and
- advanced PPE (i.e., more than gloves and a half-face respirator) is NOT needed to respond to the spill; and
- on-site personnel are trained, equipped, and able to clean up spill

Major Spill is one in which **ANY** of the following conditions apply:

- the responsible party is unknown (it's an "orphan" spill); or
- the material spilled is unknown; or
- the material spilled is highly toxic, volatile, or flammable according to MSDS; or
- a large (or undetermined) quantity was spilled; or

- a significant fire hazard may be present according to MSDS; or
- someone has been exposed to/made contact with the material; or
- the material has the potential to reach the environment (e.g., via a drain); or
- the spill is in or affects a common area (e.g., the lift lobby) or other area accessible to the public; or
- advanced PPE (more than gloves and a half-face respirator) is required to respond to the spill; or
- someone reports to Medical or requires first aid; or
- on-site personnel are NOT trained or NOT equipped to clean up spill; or
- a responder is unsure whether the spill should be considered “Minor” or “Major”.

## I) Procedures

### 1. General Procedures

- 1.1. Put on appropriate PPE (Section E) before approaching the spill.
- 1.2. Before taking action against the spillage, the handler shall know the details of the spillage content as much as possible and refer to the chemical's MSDS for proper precaution and action.

### 2. Minor Spill (see Section J for definition)

#### 2.1. *Minor Spill in Open Laboratory or Cleanroom (OUTSIDE fume hood)*

- 2.1.1. Alert people near the site of spillage and prevent people from entering the spillage area.
- 2.1.2. Remove ignition sources (e.g., open flame, hot plate)
- 2.1.3. Refer to the chemical's MSDS for its hazard and the potential risk on handling the spill.
- 2.1.4. For safety reason, **at least 2 people** should work together when dealing with a spillage incident.
- 2.1.5. For volatile chemical spillage above its potentially harmful amount, say 500 mL, please treat this spillage as the major spill and follow the procedures in Section I3.
- 2.1.6. Bring the Spill&Go Kit to the spill location if you feel comfortable to handle the spill.
- 2.1.7. Make sure to put on appropriate PPE (see **Section E**) before approaching the incident area. If the chemical is toxic or could cause irritation by inhalation, a respirator fitted with appropriate filter should be used.
- 2.1.8. Dike or surround the outside of the spill with absorbent booms.
- 2.1.9. Put adequate absorbent pads on the spill from the periphery inwards and allow at least 5-minute absorption.
- 2.1.10. Alert your lab manager and F&OC staff verbally if the situation allows, and

provide the details of the spilled content for proper action and caution.

- 2.1.11. Carefully transfer the used booms and pads into a plastic waste bag with metallic tongs.
- 2.1.12. Leave the waste bag open and vent inside a fume hood for 24 hours before tightening it with a tether.
- 2.1.13. Check and follow “Methods for Cleaning Up” in MSDS of the spilled chemical for complete clean up.
- 2.1.14. Report the spillage incidence according to Section I4. F&OC staff will arrange the disposal of the waste bag.

## 2.2. *Minor Spill INSIDE Fume Hood*

- 2.2.1. Stop all sources of ignition.
- 2.2.2. Close sash and place a sign indicating “DO NOT OPEN: Spill Inside”.
- 2.2.3. Refer to the chemical’s MSDS for its hazard and the potential risk on handling the spill.
- 2.2.4. Alert your lab manager and F&OC staff verbally if the situation allows, and provide the details of the spilled content for proper action and caution.

If the spill is a:

### 2.2.5. ***Volatile chemical***

- 2.2.5.1. Allow the volatile spill to vent.
- 2.2.5.2. Wait until the visible spill has evaporated
- 2.2.5.3. Open sash to working height and clean fume hood surface with reference to “Methods for Cleaning Up” in MSDS of the spilled chemical for complete clean up.
- 2.2.5.4. Remove sign in Step 2.2.2.

### 2.2.6. ***Corrosive chemical***

- 2.2.6.1. Bring Spill&Go kit near the fume hood.
- 2.2.6.2. Put on chemical resistance gloves.
- 2.2.6.3. Retrieve necessary absorbent materials and a disposal bag from the kit.
- 2.2.6.4. Open sash to proper working height and place absorbent materials on the spill from the periphery inwards to absorb the spill.
- 2.2.6.5. Place all soaked absorbents into the disposal bag.
- 2.2.6.6. Let the bag vent in fume hood for 24 hours.
- 2.2.6.7. Report the spillage incidence according to Section I5.
- 2.2.6.8. Next day, tighten the bag with a tether and dispose it under the recommendation from F&OC.



2.2.6.9. Open sash to working height and clean fume hood surface with reference to “Methods for Cleaning Up” in MSDS of the spilled chemical for complete clean up.

2.2.6.10. Remove the sign in Step 2.2.2.

3. Major Spill (see Section J for definition)

- 3.1. Evacuate the incident area. Make sure nobody stays behind. Close the door(s) of the laboratory after the last person has left.
- 3.2. Put a signage “DO NOT ENTER: Chemical Spill” at Open Lab entrances to prevent unauthorized personnel from entering the incident area; and provide the contact no. of your team’s lab manager and F&OC lab manager on the signage.
- 3.3. If there is a risk to the remainder of the building, press the Emergency Call Button to inform Hong Kong Science and Technologies Parks Corporation (HKSTP) staff and press the Emergency Ventilation Button to ventilate the laboratory. (Refer to **Appendix C** for the locations of Emergency Call Buttons and Emergency Ventilation Buttons.)
- 3.4. Dial 999 to report for immediate help.
- 3.5. Report the spillage incidence immediately to your supervisor, the lab manager of your research team, and F&OC staff for help and advice.
- 3.6. Wait in a safe area for the response team of HKSTP or the Hong Kong Fire Service Department. Stay calm and try to recall the incident’s details, as your knowledge of the area will assist their decision-making.

4. Personal Exposure

4.1 *Chemical Spill on Body*

4.1.1. Wash thoroughly with water using the nearest emergency shower unit for at least 15 minutes (Refer Appendix D for the locations of emergency shower).

4.1.1.1. Activate the shower by pulling the triangle pull handle. The water discharge can be discontinued by pushing up the pull handle to the off position.

4.1.1.2. Activate the eyewash by pushing the push handle back 90°. The unit will operate until the push handle is manually pull back up to the off position. The eyes should be kept open by the finger

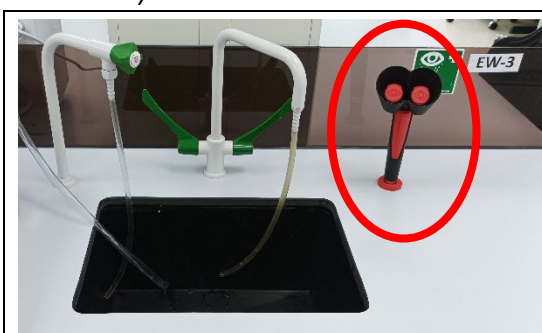


while they are in the water stream.

- 4.1.2. Remove any overlying clothing that may retain the chemical or may prevent washing of affected skin.
- 4.1.3. Depending on the chemical, additional medical treatment may be required. Consult related MSDS and/or specific laboratory procedures.
- 4.1.4. Contain water flow from showers with absorbent material to prevent the spread of contamination.
- 4.1.5. Immediately inform the incidence to your supervisor, lab manager, and F&OC staff for follow up.

#### 4.2 Chemical Spill in Eye

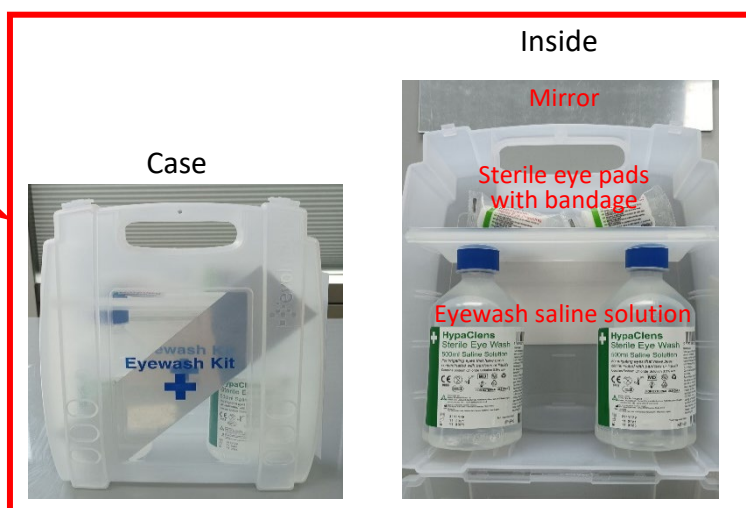
- 4.2.1. Immediately go to the nearby bench's basin and pull the eye washer on the basin's right-hand side (Refer Appendix D for the location of emergency eye wash).



An eye washer next to each lab water basin



An eye washer included in each emergency shower unit.

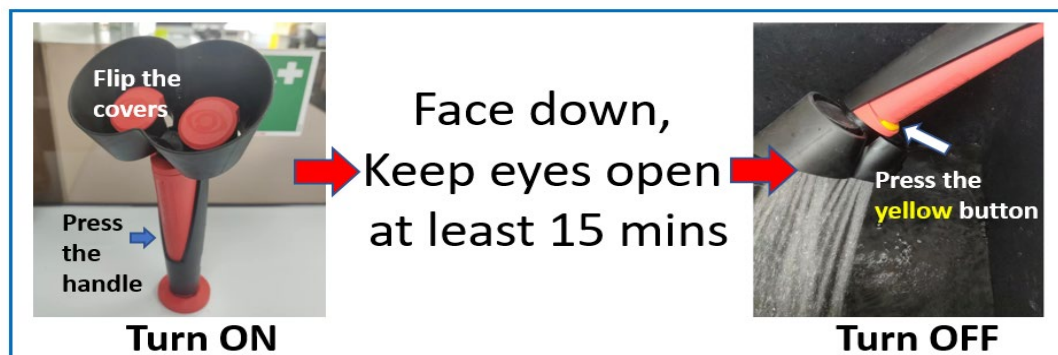


An Eyewash Kit is available in each Safety Station.

- 4.2.2. Flip the cover of mini-shower head before pressing the red bar beneath the handle for running water.
- 4.2.3. Rinse the victim's eyes at least 15 minutes with his/ her face down above the sink. (For corrosive materials, you may need to flush for up to 60 minutes –

review the MSDS). Removing contact lenses if possible. The eyes should be kept open by the finger while they are in the water stream.

- 4.2.4. When finished washing, stop the running water by pressing the yellow button on the top side of the red bar beneath the Eye Washer's handle.



- 4.2.5. Flip down the covers of the mini-shower head and put the eye wash back to its original position.
- 4.2.6. If the person cannot go to the lab water basin, co-worker nearby should help him/her to get the Eyewash Kit from the Safety Station.
- 4.2.7. If discomfort persists, seek medical treatment from the hospital emergency department. If possible, bring along the MSDS to the physician for proper treatment.
- 4.2.8. Immediately inform your supervisor, the lab manager of your research team, and F&OC staff about the spillage incident.

## 5. Reporting Procedures after the Clearance of the Spillage

- 5.1 After an accident or incident, you (either the injured in an accident or the witness of an incident) are required to provide a written report within 48 hours of accident/incident to F&OC team. *CRMH Minor Incident Report for Internal Record* is mainly for minor accidents /incidents (**Appendix A**), while *HKSTP Accident & Incident Report Form* (**Appendix B**) is mainly for major accidents/ incidents.
- 5.2 F&OC staff shall assist you to complete the report and send it to your supervisor and lab manager of your research team. For major chemical spill, the *HKSTP Accident/ Incident Report Form* will also be sent to the Director and Deputy Director of the Centre and SHE Office of HKSTP by email [she\\_office@hkstp.org](mailto:she_office@hkstp.org) within 72 hours of major accident or incident.
- 5.3 In addition to the reporting of major accidents or incidents to HKSTP by completion of the *HKSTP Accident & Incident Report Form* (**Appendix B**), F&OC is required to inform the Labour Department of any serious accidents in accordance with local legislations, i.e. the Occupational Safety and Health Ordinance (Cap. 509) and Employees' Compensation Ordinance (Cap. 282).

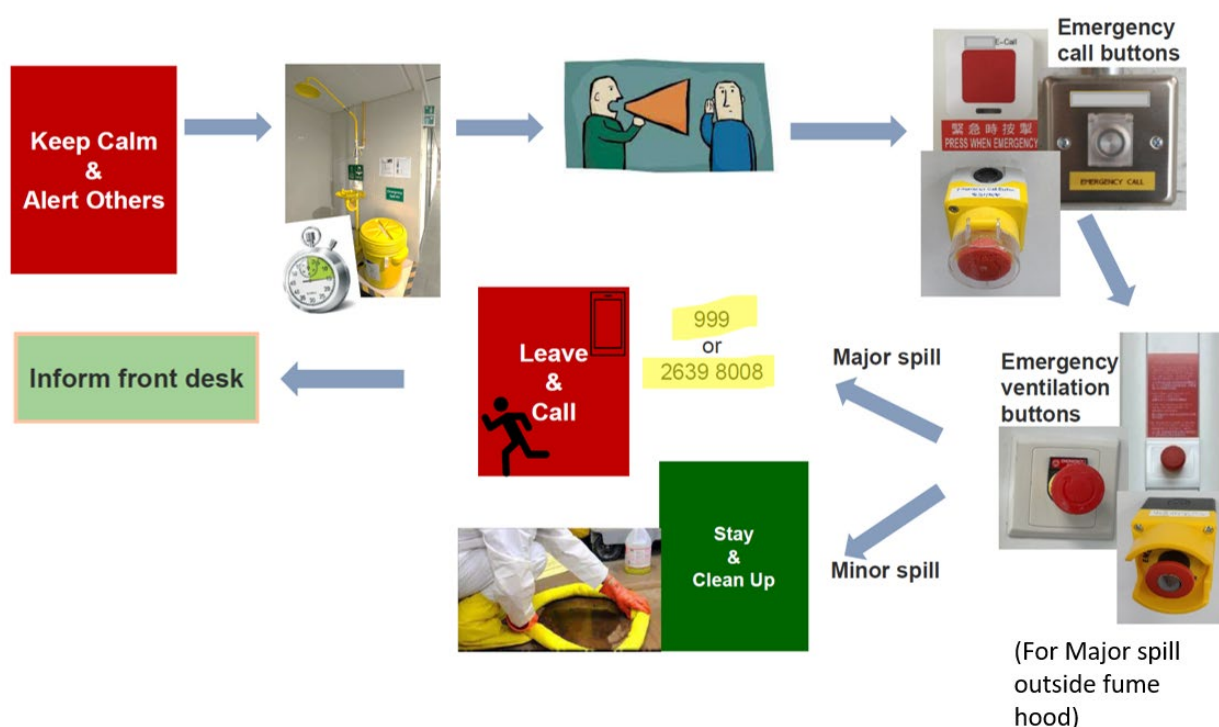
5.4 Details of the HKSTP Accident and Incident Reporting Procedures can be referred to the Section B02 of the *HKSTP SHE Handbook (Part II)- Laboratory & Research Safety Requirements*.

## J) Contact numbers

For life threatening situations, call the local emergency hotline at **999** for urgent help. For other situations, call the following parties for assistance.

- Laboratory manager and the first aider of the corresponding research team
- F&OC Department: 2621 0608/ 2621 0676
- HKSTP 24-hour Customer Services Hotline: 2639 8008

## K) Flow Diagram for Handling Chemical Spill



## L) Abbreviations

|            |   |
|------------|---|
| CRMH       | Centre for Regenerative Medicine and Health, Hong Kong Institute of Science & Innovation, Chinese Academy of Sciences Limited |
| F&OC       | Facility and Operation Compliance Department  |
| HKSTP      | Hong Kong Science and Technology Parks Corporation  |
| MSDS       | Material Safety Data Sheet  |
| PPE        | Personal Protective Equipment   |
| SHE Office | Safety, Health, and Environment Office  |



## Appendix A: CRMH Minor Accident & Incident Report for Internal Record

Reference No. \_\_\_\_\_



### Centre for Regenerative Medicine and Health, HKISI, CAS Minor Accident & Incident Report



(for Internal Record)

*Note: This report form is designed for a minor laboratory injury/ accident/ near-miss/ chemical or biohazardous spill, it should be completed and sent to the Facility and Operation Compliance (F&OC) Department within 48 hours of the accident or incident.*

|   |   |
|---|---|
| Name of involved staff (full name):   |   |
| Research Team:  | RP1 / RP2/ RP3 (cross out inappropriate choice) |
| Contact information of involved staff:  | Tel:  |
|   | Email:  |
| Location of the incident:   |   |
| Date (DD/MM/YY) & Time of the incident:   |   |
| Brief Description of Accident / Incident; Cause of Accident / Incident; What actions have been taken? |   |
| List any chemicals or biological material involved:   |   |
| List any equipment involved:  |   |
| List of PPE that the victim was wearing:  |   |
| Name of witness (full name):  |   |
| Was first aid administered? If yes, who administered the first aid and what was done                  |   |
| Was the victim taken to clinic/ hospital?   |   |
| Recommendation for Prevention of Recurrence   |   |
| <b>Accident / Incident Reported By</b>  |   |
| Name:   | Signature:                                      |
| Post Title:   | Date:   |
| <b>Accident / Incident Report Endorsed By</b>   |   |
| Name:   | Signature:                                      |
| Post Title:   | Date:   |

Reference No. \_\_\_\_\_

| Appendices (if any)                |             |
|------------------------------------|-------------|
| Incident Location/ Photo/ Sketches | Description |
|                                    |             |



## Appendix B: HKSTP Accident & Incident Report Form

|   |  |                                       |
|---|--|---------------------------------------|
|  | <b>Safety, Health and Environment Office</b><br><b>Accident &amp; Incident Report Form</b> | SHE Form L02/S02                      |
|   |  | (Official use only)<br>Reference No.: |

Note: This report form should be completed and sent to the Safety, Health & Environment (SHE) Office of HKSTP within 72 hours of the accident or incident. The information provided herein will be used for investigation and compiling accident statistics.

In case of work-related accident to employee resulting in death or partial incapacity, the concerned unit of HKSTP or the client should fill in the relevant form provided by the Labor Department of Hong Kong and return it in duplicate to the Commissioner for Labor within the statutory required period.

### 1. Accident / Incident Information

|       |       |           |
|-------|-------|-----------|
| Date: | Time: | Location: |
|-------|-------|-----------|

Type of Area:

|                                 |  |   |
|---------------------------------|--|---|
| <input type="checkbox"/> Office | <input type="checkbox"/> Laboratory/<br>Workshop | <input type="checkbox"/> Others (Please specify): _____ |
|---------------------------------|--|---|

### 2. Nature of Accident / Incident

|  |   |  |
|--|---|--|
| <input type="checkbox"/> Fire / Explosion                                      | <input type="checkbox"/> Spillage of hazardous substances               | <input type="checkbox"/> Exposure to or contact with harmful substance |
| <input type="checkbox"/> Unpleasant smell                                      | <input type="checkbox"/> Damage to property / equipment                 | <input type="checkbox"/> Slip, trip or fall on same level              |
| <input type="checkbox"/> Fall of person from height                            | <input type="checkbox"/> Injured whilst lifting or carrying             | <input type="checkbox"/> Trapped in or between objects                 |
| <input type="checkbox"/> Stepping on object                                    | <input type="checkbox"/> Striking against fixed or stationary object    | <input type="checkbox"/> Striking against moving object                |
| <input type="checkbox"/> Trapped by collapsing or overturning object           | <input type="checkbox"/> Struck by moving or falling object             | <input type="checkbox"/> Struck by moving vehicle                      |
| <input type="checkbox"/> Contact with moving machinery or object being machine | <input type="checkbox"/> Contact with electricity or electric discharge | <input type="checkbox"/> Traffic accident                              |
| <input type="checkbox"/> Flooding  | <input type="checkbox"/> Drowning                                       | <input type="checkbox"/> Others (Please specify): _____                |

### 3. Personal Details (For the injured or person concerned)

|       |  |
|-------|--|
| Name: | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
|-------|--|

|             |            |
|-------------|------------|
| Post Title: | Phone No.: |
|-------------|------------|

Division / Company Name:

Company Address:

Nature of Injury:

|                                     |   |   |
|-------------------------------------|---|---|
| <input type="checkbox"/> Abrasion   | <input type="checkbox"/> Dislocation    | <input type="checkbox"/> Irritation         |
| <input type="checkbox"/> Amputation | <input type="checkbox"/> Electric shock | <input type="checkbox"/> Laceration and cut |
| <input type="checkbox"/> Asphyxia   | <input type="checkbox"/> Fractures      | <input type="checkbox"/> Nausea             |
| <input type="checkbox"/> Burn       | <input type="checkbox"/> Freezing       | <input type="checkbox"/> Poisoning          |





|   |  |                                       |
|---|--|---------------------------------------|
|  | <b>Safety, Health and Environment Office</b><br><b>Accident &amp; Incident Report Form</b> | SHE Form L02/S02                      |
|   |  | (Official use only)<br>Reference No.: |

|  |  |   |  |
|--|--|---|--|
| <b>5. Agent Involved (if any)</b>                                |  |   |  |
| <input type="checkbox"/> Equipment for lifting/ conveying        | <input type="checkbox"/> Material/ product being handled or stored | <input type="checkbox"/> Movable container or package of any kind     | <input type="checkbox"/> Electricity supply, wiring apparatus or equipment |
| <input type="checkbox"/> Portable power or hand tools            | <input type="checkbox"/> Ladder or working at height               | <input type="checkbox"/> Floor, ground, stairs or any working surface | <input type="checkbox"/> Vehicle or associated equipment or machinery      |
| <input type="checkbox"/> Other machinery, (please specify) _____ | <input type="checkbox"/> Sewage, manhole or other confined space   | <input type="checkbox"/> Gas, vapour, dust or fume                    | <input type="checkbox"/> Others (please specify) _____                     |
| <b>6. Cause of Accident / Incident</b>                           |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| <b>7. Recommendation for Prevention of Recurrence</b>            |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
|  |  |   |  |
| <b>8. Accident / Incident Reported By</b>                        |  |   |  |
| Name:  |  | Signature:  |  |
| Post Title:  |  | Date:   |  |
| <b>9. Accident / Incident Report Endorsed By</b>                 |  |   |  |
| Name:  |  | Signature:  |  |
| Post Title:  |  | Date:   |  |

|   |  |                                       |
|---|--|---------------------------------------|
|  | <b>Safety, Health and Environment Office</b><br><b>Accident &amp; Incident Report Form</b> | SHE Form L02/S02                      |
|   |  | (Official use only)<br>Reference No.: |

| Appendices (if any)                |             |
|------------------------------------|-------------|
| Incident Location/ Photo/ Sketches | Description |
|                                    |             |
|                                    |             |
|                                    |             |

|   |  |                                       |
|---|--|---------------------------------------|
|  | <b>Safety, Health and Environment Office</b><br><b>Accident &amp; Incident Report Form</b> | SHE Form L02/S02                      |
|   |  | (Official use only)<br>Reference No.: |

|   |  |
|---|--|
| For Internal Use by SHE Office of HKSTP   |  |
| Further investigation required: <input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| <b>Accident &amp; Incident Report No.:</b><br><i>(The Report no. shall refer to corresponding reference number generated from Accident &amp; Incident Log Record)</i> |  |
| <b>Accident / Incident Classification Code:</b><br><i>(if applicable)</i>   |  |
| <b>Accident / Incident Cause Code:</b><br><i>(if applicable)</i>  |  |
| <b>Remark:</b><br><br><br><br><br><br><br><br><br><br><br>  |  |

## Appendix C: Locations of Emergency Call Buttons and Emergency Ventilation Buttons in CRMH

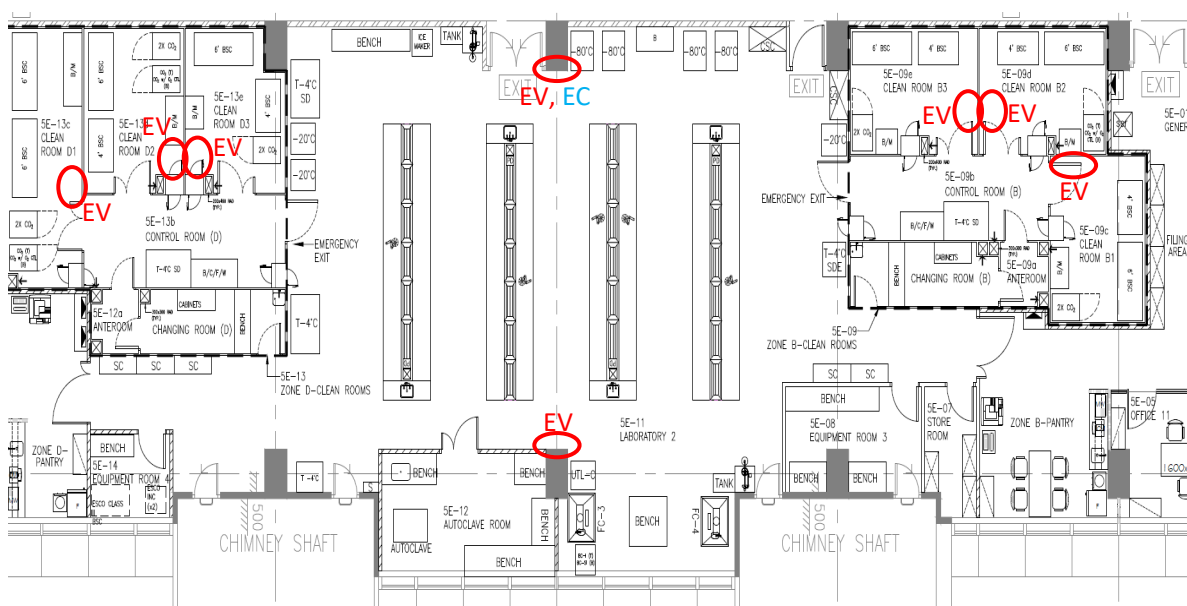


**EC:** Emergency Call Button to HKSTP

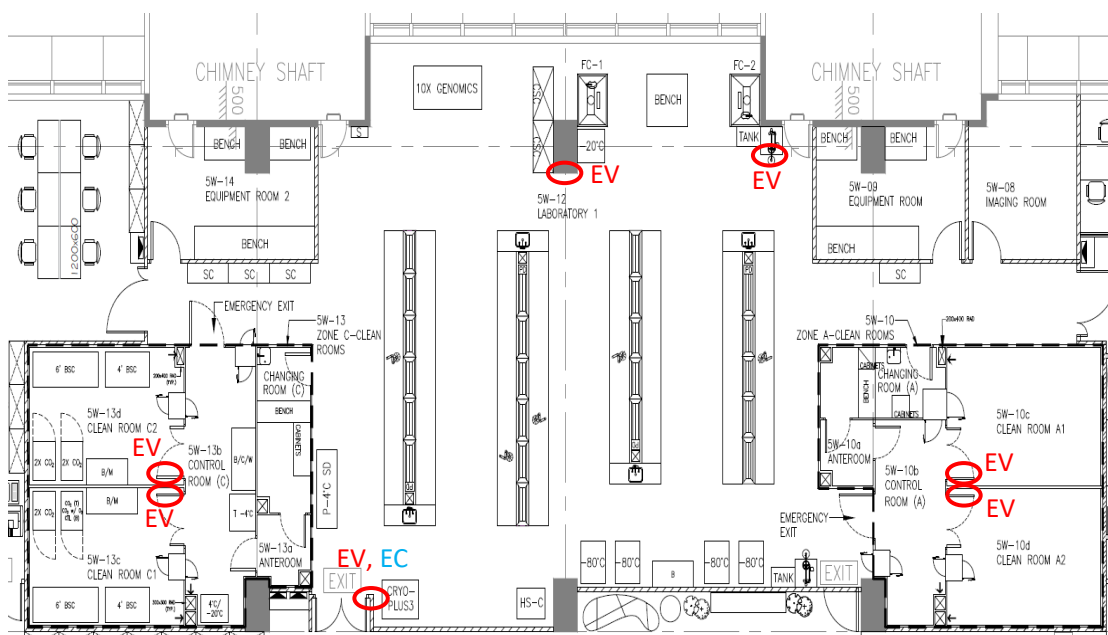


**EV:** Emergency Ventilation Button

### Unit 501 – 507



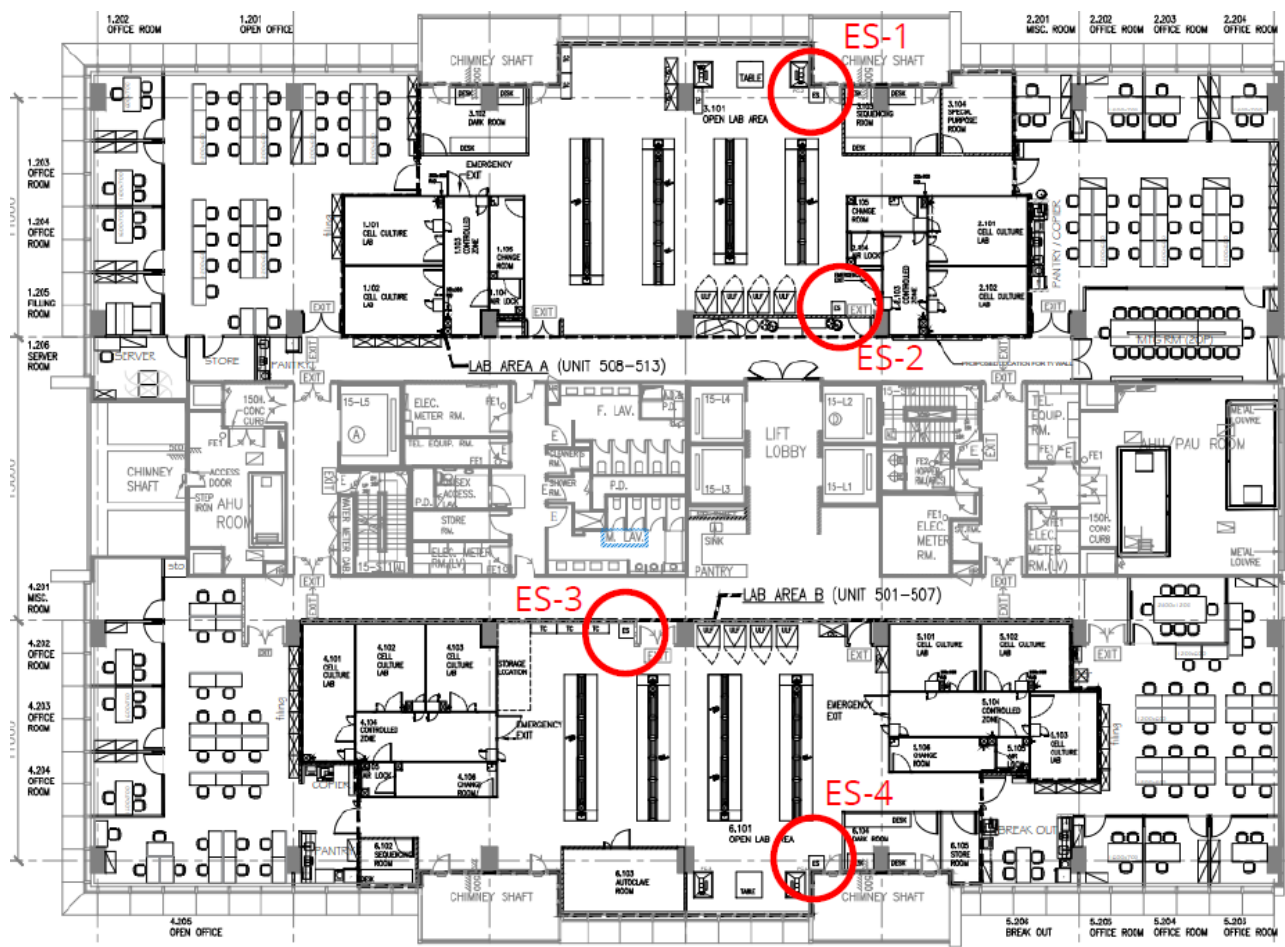
### Unit 508 – 513



## Appendix D: Locations of Emergency Showers and Eye Wash in CRMH

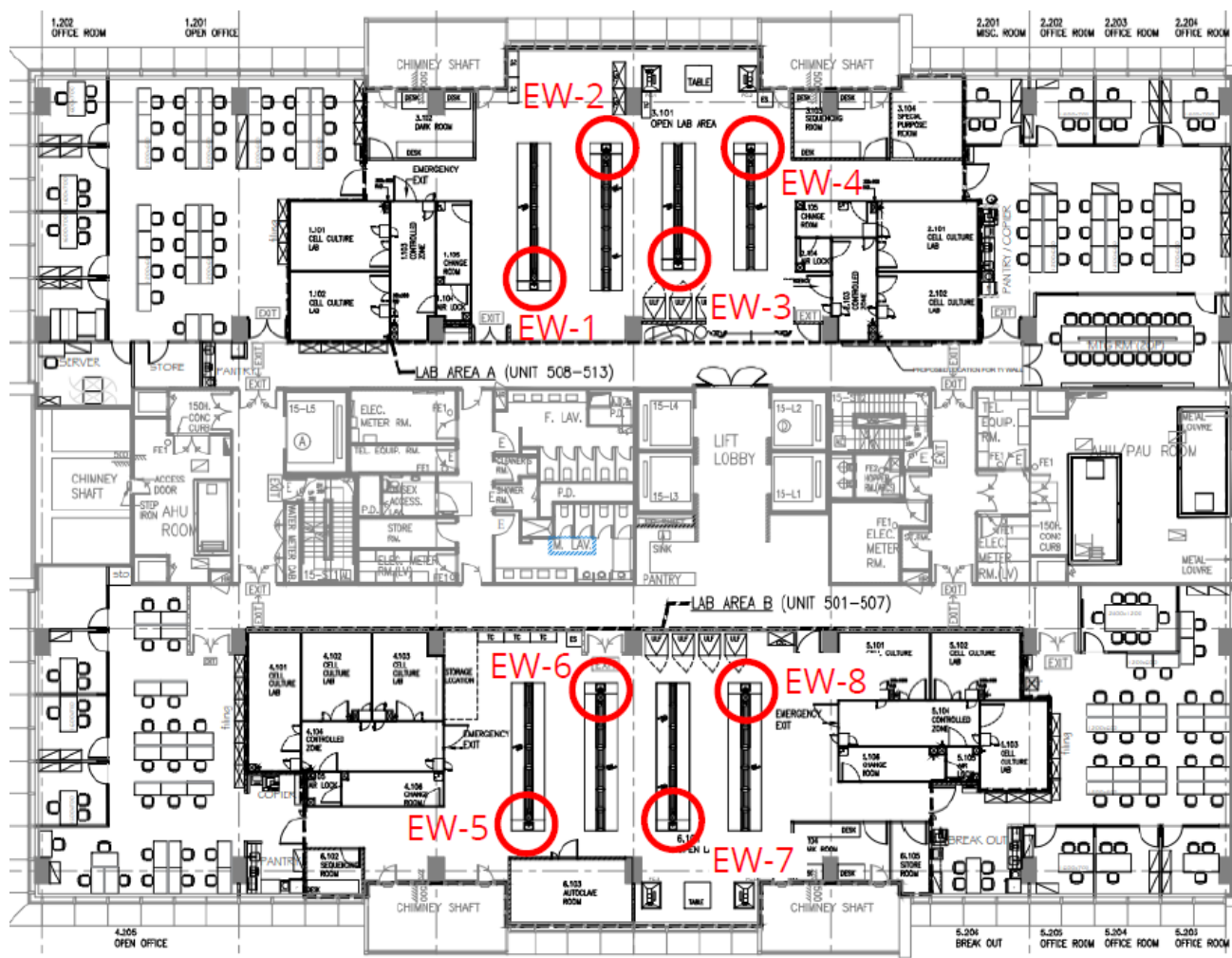


**ES- Emergency Shower**





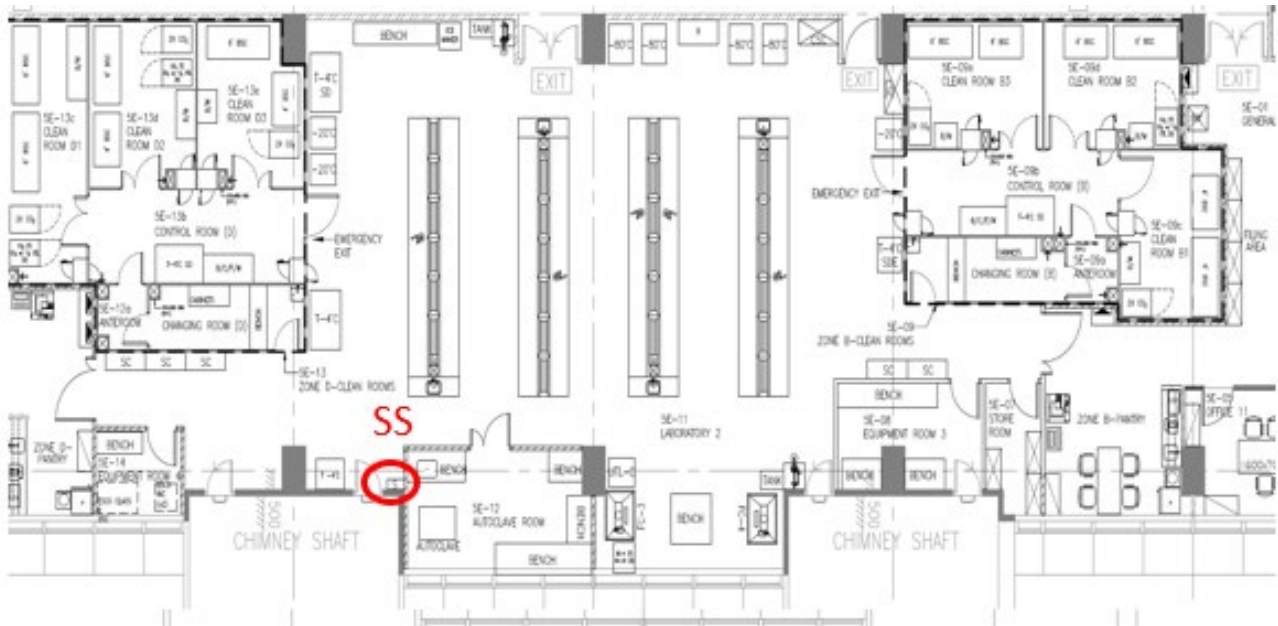
**EW- Eyewash Station**





## Appendix E: Location of the Safety Station

### Unit 501 – 507



### Unit 508-513

