

APPENDIX 1

INDUCTION & AUTHORISATION

Name:.....Position:.....

General safety induction

I have read the:

Department of Biochemistry Admin and Safety Manual	
Office of Gene Technology Regulations	

I have been shown the location of:

My Research Laboratory Chemical Inventory	
Departmental Electronic Chemical Inventory (wspo)	
Chemical Storage Areas	
OH&S Noticeboard	

Department of Biochemistry Safety web page	
Risk Assessment data sheets	
Chemwatch site for Material Safety Data Sheets (MSDS)	
Incident Reporting Procedure	

I have been taken on a tour of the Biochemistry Department and know the location of:

Eye Wash (and use demonstrated)	
First Aid Kits	
Fire Extinguishers and Fire Blankets	
Fume Cupboards (and their use)	
Evacuation route from my relevant laboratory and assembly point	
Spill kits and their use	

I have been supplied with lab coat, safety glasses & gloves	
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Before I do any laboratory work, I understand that I should obtain and read the MSDS's and prepare or read the Risk Assessment for any chemical procedure.

I understand that I cannot eat or drink in the laboratory. I am not to wear thongs or go barefoot. I will not run in the corridors or on the stairs, as this is where most mishaps occur.

Signed: Date:

Supervisor (Name & Signature).....Position:.....

******* This form must be completed and authorised prior to commencement of laboratory work, and the original filed in the Biochemistry Office *******

******* This form is to be completed during your tenure at La Trobe, and may be taken to your next place of employment as evidence of your training *******

Name:.....

Procedures

The above person has been instructed and authorised in the following procedures by his/her supervisor or appropriate trainer (Supervisor to please tick appropriate boxes).

In signing, the supervisor is satisfied the above person has been adequately trained and has acquired sufficient skills to carry out the following procedures in a satisfactory manner.

Procedures	Trained	Supervision required	Further training required	Supervisor's Signature Please print name below signature	Date
General Laboratory Safety					
Handling acids, alkalis and solvents					
Handling human samples					
Security					
Purchasing					
Chemical stores					
Use of Ethidium Bromide					
Waste management					
PC2 Laboratory Procedures					
Handling Cytotoxics					
Use of Radioactive Isotopes					
Tissue and cell culture					
Handling liquid nitrogen					
Use of cold rooms					
Computer protocol and regulations					

I have been instructed in the above procedures.

Signed: Date:

Name:.....

Equipment

The above person has been instructed and authorised in the use of the following equipment by his/her supervisor.

NOTE: YOU MAY ONLY USE EQUIPMENT WHICH YOU HAVE BEEN AUTHORISED TO USE, AND WHICH YOU HAVE BEEN TRAINED TO USE.

In ticking the box and signing, the supervisor is satisfied the above person has been adequately trained and has acquired sufficient skills to operate and maintain the following equipment in a satisfactory manner.

Equipment	Trained	Supervision required	Further training required	Supervisor's Signature Please print name below signature	Date
Autoclaves					
Balances					
Bench top centrifuge					
Biohazard cabinet					
Data projector					
Electrophoresis equipment					
FACell sorter					
Freeze Drier					
French Pressure Cell					
Gel Documentation Systems					
High speed centrifuges					
HPLC					
Microscopes					
Microwave ovens					
PCR Machines					
pH meters					
Phosphorimager					
Photography and digital camera					

Plate Reader				
Rotary evaporator				
Scanners				
Scintillation Counter				
Sonicators				
Ultracentrifuges				
UV-VIS Spectrophotometers				

I have been instructed in the operation of the equipment marked above.

Signed: Date:.....