**Instructions:**

* This induction must be completed before laboratory access will be granted.
* Parts A, B and C must be completed by the inductor or inductee, as indicated, upon completion.
* The person conduction the induction will determine the competency of the inductee prior to authorising access and use of facilities.
* A copy of this document will be filed, and a date of completion recorded on the local Training Matrix.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Inductee name: | |  | | | | Inductor name: |  | |
| Role: | 🞎 Staff | | | 🞎 Student | 🞎 Honorary /Visitor | | Induction Date: |  |
| Bio21 Work Area: | | |  | | | | | |

**PART A – INDUCTOR SIGN OFF** (to be completed by the person conducting the induction)

***The following has been demonstrated / explained to the inductee.***

|  |
| --- |
| **INTRODUCTION** |
| 🞎 Introduction to Laboratory staff and students  🞎 Explain duty of care responsibilities  🞎 Tour of laboratory spaces |
| **ACCESS AND SECURITY** |
| 🞎 Advise that lab needs to be kept locked at all times (if applicable)  🞎 Allocate workspace / office space  🞎 Explain booking system for equipment. |
| **EMERGENCY AND FIRST AID** |
| 🞎 Explain emergency and incident reporting procedures  🞎 Identify fire warden and show emergency exit points  🞎 Show first aid kit locations in the laboratories  🞎 Show emergency shower and eyewash locations and explain how to use  🞎 Show fire extinguisher locations in the laboratories  🞎 Show chemical spill kit locations and explain how to use |
| **RISK MANAGEMENT** |
| 🞎 Show where the Bio21 OHS Handbook is located on the Bio21 Intranet, explain laboratory rules and housekeeping  🞎 Show how to access SOP, SWP, RA  🞎 Explain the Risk Assessment process requirements prior to starting work  🞎 Explain the need for equipment training and authorisation prior to using equipment  🞎 Explain out-of-hours work requirements  🞎 Explain PPE requirements and signage |
| **CHEMICAL SAFETY** |
| 🞎 Explain labelling and storage requirements for solutions and samples  🞎 Explain chemical purchasing procedures  🞎 Explain that MSDS must be available prior to purchasing new chemicals  🞎 Show MSDS folders and how to access Chemwatch  🞎 Explain chemical waste procedures |
| **EQUIPMENT INDUCTIONS REQUIRED** |
| 🞎 Autoclave  🞎 Biohazard Cabinet /Laminar Flow Hood  🞎 Fume Hoods  🞎 Large Centrifuge  🞎 Small (benchtop) Centrifuge  🞎 Other – please specify­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**PART B – ASSESSMENT OF COMPETENCY**

The inductor will ask the following questions and initial if the inductee can answer correctly. *Individuals must score at least 80% correct answers to pass the induction.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Questions** | | | **Initials** |
| When must you write a risk assessment? | | |  |
| Where can you find risk assessment forms? | | |  |
| When do you need to write a chemical risk assessment? | | |  |
| When is a Standard Operating Procedure required? | | |  |
| What program would you use to report any OHS issues?  Where can it be found? | | |  |
| List two resources you can consult for assistance or information about health and safety issues. | | |  |
| How do you find safety information about a chemical? | | |  |
| List two things you must do if you encounter a broken or unsafe piece of equipment. | | |  |
| **INDUCTION OUTCOME** | 🞎 Competent (PASS) | 🞎 Not Competent (FAIL) | |

**PART C – DECLARATIONS OF COMPLETION AND COMPETENCE**

|  |  |  |  |
| --- | --- | --- | --- |
| *I understand my responsibilities with regard to laboratory health and safety. I understand that I must contact my supervisor, local health and safety business partner or Bio21 Technical Compliance Officer if I have safety questions.* | | | |
| **Signature of Inductee:** |  | **Date:** |  |
| *I have provided the information specified in Part A and have reviewed the assessment in Part B.  Based on the competency assessment, I approve lab access to the listed area(s) for this individual.* | | | |
| **Signature of Inductor:** |  | **Date:** |  |