|  |  |  |
| --- | --- | --- |
| **Staff/Student/Contractor/Visitor details** | | |
| Person’s full name: |  | |
| Staff/Student ID Number: |  | |
| Manager/Supervisor: |  | |
| School/College/Other: |  | |
| Commencement date: |  | |
| Room number/s inductee will be working in: |  | |
| * *Refer to WHS Induction and Training procedure for further information and link to the WHS Training Requirements matrix*   This induction constitutes the minimum safety information that must be provided prior to entering a laboratory, clinical practice suite or associated areas. This induction does not constitute training on specific hazardous procedures or equipment within the area which must be provided prior to use. | | |
| 1. **General local area induction** | |  |
| Inductee has received the Local Area WHS Induction for Staff, Students, Volunteers and completed the University **Local Area HSE Induction Checklist** | | Yes |
| 1. **Access Requirements** | |  |
| Inductee requires access to the work area: | | |
| * Only under supervision | | Yes  No |
| * Only during business hours | | Yes  No |
| * Access required after-hours/weekends/public holidays.   *If yes, highlight additional responsibilities while conducting work after-hours or when emergency response is limited* | | Yes  No |
| 1. **Procedures for entering and exiting** | |  |
| Inductee been made aware of: | |  |
| * The notification process before entry | | Yes |
| * That no food or drink is allowed in the work area | | Yes |
| * The general PPE requirements including use, storage and maintenance of:   + Protective clothing; Safety eyewear; appropriate footwear (i.e. closed toe shoes; safety boots)   + Other (specify) | | Yes  Yes  N/A |
| * The decontamination procedure prior to entering and/or exiting facility | | Yes  N/A |
| 1. **Emergency response** | | |
| Inductee has been familiarised with additional emergency response procedures including: | | |
| * + Spill procedures and location of spill kits relevant to hazard (e.g. biological, chemical, radiation) | | Yes  N/A |
| * + Safety showers, skin and eye wash facilities | | Yes  N/A |
| * + Firefighting measures including location and types of fire equipment (e.g. extinguishers, blankets) | | Yes  N/A |
| * + Emergency power and gas shut off | | Yes  N/A |
| 1. **Hazards present in the laboratory/clinical suite** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Inductee understands that safety associated with all hazards is the responsibility of the organisation that has control of the hazard including purchase, storage, use and waste disposal for the following (tick all that apply): | | | |
| Biological hazards | Yes | Pressurised vessels | Yes |
| Chemical hazards | Yes | Ionising radiation | Yes |
| Scheduled poisons and drugs | Yes | Clinical equipment including Manikins and Sharps | Yes |
| Hazardous equipment/high voltage | Yes | Nanotechnology, Nanomaterials and/or Nanoparticles | Yes |
| Cryogenics | Yes |  |  |

|  |  |
| --- | --- |
| 1. **Risk management requirements of laboratory/clinical suite users** |  |
| Inductee has been shown the location of: | Yes  N/A |
| * + Laboratory/Clinical Suite Safety Guidelines/Rules | Yes  N/A |
| * + Safety Data Sheet folders (and how to access SDS in ChemWatch) | Yes  N/A |
| * + Existing Risk Assessments; Safe Work Procedures; Job Safety and Environment Analysis | Yes  N/A |
| * Inductee is aware that risk management documents (e.g. Job Safety and Environment Analysis) are to be completed, provided to, and signed off by, supervisor and other stakeholders prior to commencing any hazardous activities. | Yes |
| * Inductee is aware that training must be provided for hazardous equipment and/or processes. | Yes |
| Inductee has read and accepts existing Safe Work Procedures | Yes  No |
| 1. **Work in higher risk/specialised areas** | |
| Inductee is required to access a work area or perform work task/s that has additional safety induction requirements beyond this Laboratory/Clinical Suite local area induction? | Yes  No |
| Specify which additional inductions are required: |  |
| Biosafety (Physical Containment PC2) - Inhouse Safety Training Plan and Assessment (per Appendix D Biosafety Safety Manual) | Yes  N/A |
| Biosecurity Containment Level 2 (BC2) – including [Online Accredited Persons Training](https://www.aitgb.com.au/) qualification | Yes  N/A |
| Cryogen Safety | Yes  N/A |
| Radiation Safety | Yes  N/A |
| Animal House/Animal Handling | Yes  N/A |
| Shade House(s) | Yes  N/A |
| 1. **Sign Off** |  |
| **I understand that by checking this box, I agree to observe all University HSE requirements** | Yes |
| **Signature of Inductee:** | Date: |
| **Signature of Supervisor:** | Date: |

**This form must be kept as a local record that the above person has been inducted.**

**This form and a copy of** **all additional inductions or copies of certificates obtained** **(as per Part G) must be attached to, and filed with, the University Local Area HSE Induction Checklist completed by the inductee (as per Part A).**