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| Charles Sturt University is commitment to Work Health and Safety. This form will be retained as a record that the named Worker has completed an appropriate safety induction to the FoSH Laboratories and specialist teaching spaces prior to commencing work.

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| **Induction Checklist** |
| **Security, access and privacy-** All laboratories and specialist teaching spaces are controlled by electronic access systems (exceptions apply).  Contractors are only permitted to use the card assigned to them. |[ ]
| **In the event of an emergency**- an audible alarm will sound. Explain the emergency evacuation procedures (Follow the instructions of the building warden and/or technical staff.) | [ ]  |
| **Workplace information** -Show the inductee the Workplace emergency plan indicating* The location of safe access and egress to the Workplace
* The location for site parking for workers
* Location of toilet facilities
 |[ ]
| **Safety features-** Show the inductee the Workplace emergency plan indicating: |
| The location of the First Aid kits, First Aid contact details and safety equipment |[ ]
| Identify the types of fire extinguishers, their location and discuss their use |[ ]
| Explain that no food or drink is to be bought into the laboratory facility |[ ]
| Explain use and location of emergency cut off switch |[ ]
| Explain all cleaners must wash their hands before leaving the laboratory |[ ]
| Explain PPE requirements for the facility e.g enclosed and non-permeable footwear must be worn as per laboratory rules |[ ]
| **Cleaning instructions*** Don’t sit or put clothing on benches
* Do not touch anything on benches/sinks in the lab.
* Do not clean laboratory benches
* **Do not empty bins/bags labelled “biological hazard” or sharps.**
* **General Waste bins:** Contents of these bins should not be handled with bare hands –either tip the contents of one bin to another or remove the entire contents of the bin complete with the bag.
* No running in the laboratory
* If you are uncertain about any conditions in the laboratory, please contact the lab staff.
 |[ ]
| **Potential chemical/biological/radiation** **hazards**- * Chemical Hazards instruction
* PC2 instruction
* QAP instruction
* Radiation instruction
 | [ ] [ ] [ ] [ ]  |
| **Anatomy access-** access will be provided by technical staff only.  |[ ]

I hereby certify that the following person has been provided with the safety information as listed.

|  |  |
| --- | --- |
| Facility/s and Campus |  |
| Technical Manager/delegate: |  |
| Signature: |  |
| Date: |  |

I acknowledge that I have been provided with, and understand, the safety information listed above and have read all required documentation, completed all required training, been assessed as competent where appropriate and completed all risk documentation.

|  |  |
| --- | --- |
| Cleaning company |  |
| Workers Name: |  |
| Worker Signature: |  |
| Date: |  |

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