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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.   |  |  | | --- | --- | | **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.) |  | | **Sign in requirements -** All contractors must sign in and out at the Division of Facilities Management offices. |  | | **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 that only equipment being serviced/tested/installed is to be handled |  | | Explain all contractors must wash their hands before leaving the laboratory |  | | **Potential chemical/biological/radiation** **hazards**-  Additional clearance form may be required for work being completed in a PC2, QAP and radiation facilities.   * Clearance for Maintenance Work within/to a Biological Facility Form * Radiation Clearance for Maintenance Form |  | | **Anatomy access-** access will be provided by technical staff only. Contractors are ***NOT*** to enter the building via Cardax. |  |   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.   |  |  | | --- | --- | | Contractor company |  | | Workers Name: |  | | Worker Signature: |  | | Date: |  | |