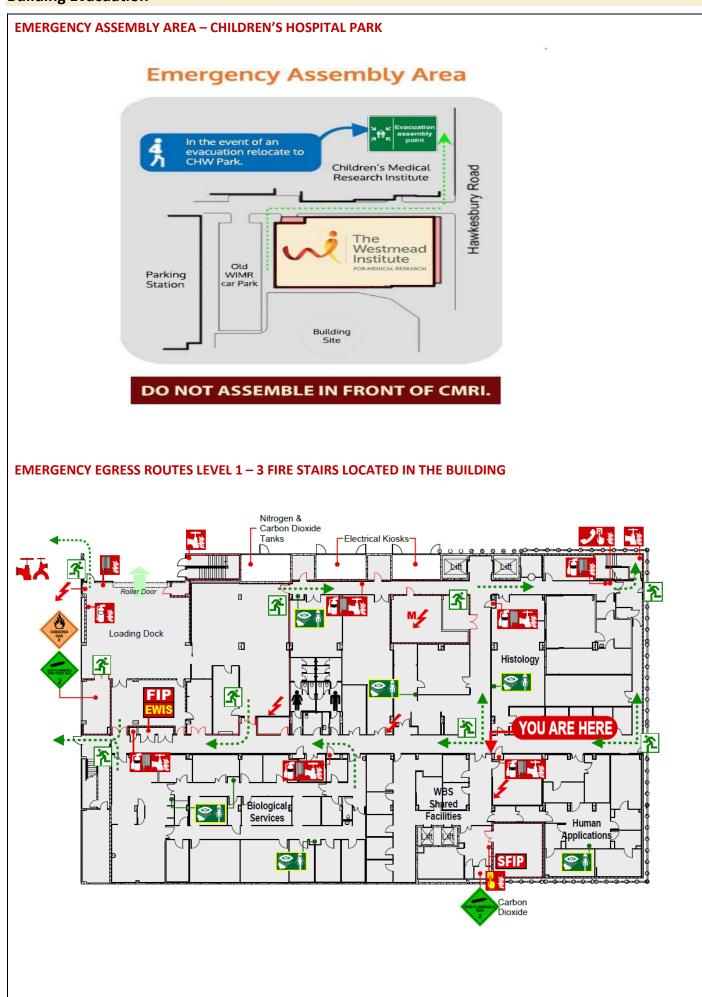


Training Record – Histology

Employment Details							
Trainee's Name:		Email:	Mobile:				
Affiliation:		Group:	Position:				
Supervisor/Manager's Name:		Email:	Phone number:				
Emer	gency Contact / Next of Ki	n Details					
Emergency contact name:		Relationship to you:	Phone number:				
Induc	tion Checklist (Histology La	ab, Level 1)					
Have y	ou previously completed an ind	uction for this laboratory? 🛛 Yes	🖵 No				
If yes,	for which equipment?	Go to p. 3,	no signature for induction is required				
If no, c	complete the induction below:						
1	Evacuation, emergency exits, emergency contacts						
2	Histology laboratory equipment and services induction						
3	Workplace surveillance: camera, computer and other tracking						
4	PPE, safety shower, eye wash, hand wash sink, spills and ergonomics						
5	Sharps injury, first aid, incident forms						
6	PC1 laboratory						
7	Training request PPMS						
8	Booking policy PPMS						
9	Operation of biosafety cabinets and fume cupboards						
10	Disposal of solvents, dyes and chemicals						
11	Waste bins, general, recycling, contaminated sharps						
12	Infection control						
13	Access hours and visitors						
14	Fees						
15	Publication acknowledgement						

Induction Completion

Signature of Inductee:	Date:	
Name of Inductor:	Signature of Inductor:	



Instrument Training (AS PrintMate Cassette Writer, Histology Lab, Level 1)

	Training Checklist	Tick when completed:
1	Workstation requirements, replenishing the hopper	
2	Startup password and shutdown	
3	Operating cassette printer using icons and templates	
4	Single cassette printing	
5	Multi cassette printing	
6	Starting and stopping run	
7	Shutdown	
8	Housekeeping tidying up	

Instrument Training Completion

Signature of trainee:		Date:
Name of trainer:	Signature of trainer:	