

## Training Record – Histology

### Employment Details

Trainee's Name:	Email:	Mobile:
Affiliation:	Group:	Position:
Supervisor/Manager's Name:	Email:	Phone number:

### Emergency Contact / Next of Kin Details

Emergency contact name:	Relationship to you:	Phone number:
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### Induction Checklist (Histology Lab, Level 1)

Have you previously completed an induction for this laboratory?     Yes     No

If yes, for which equipment? \_\_\_\_\_ *Go to p. 3, no signature for induction is required*

If no, complete the induction below:

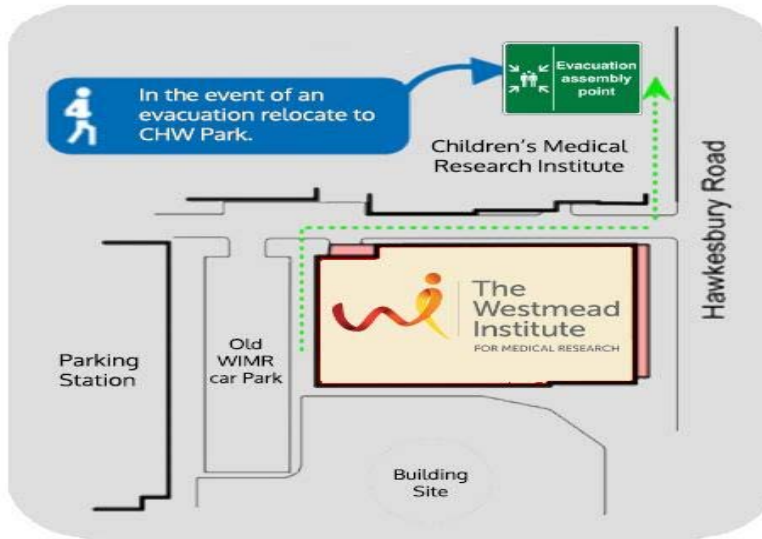
1	Evacuation, emergency exits, emergency contacts
2	Histology laboratory equipment and services induction
3	Workplace surveillance: camera, computer and other tracking
4	PPE, safety shower, eye wash, hand wash sink, spills and ergonomics
5	Sharps injury, first aid, incident forms
6	PC1 laboratory
7	Training 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:

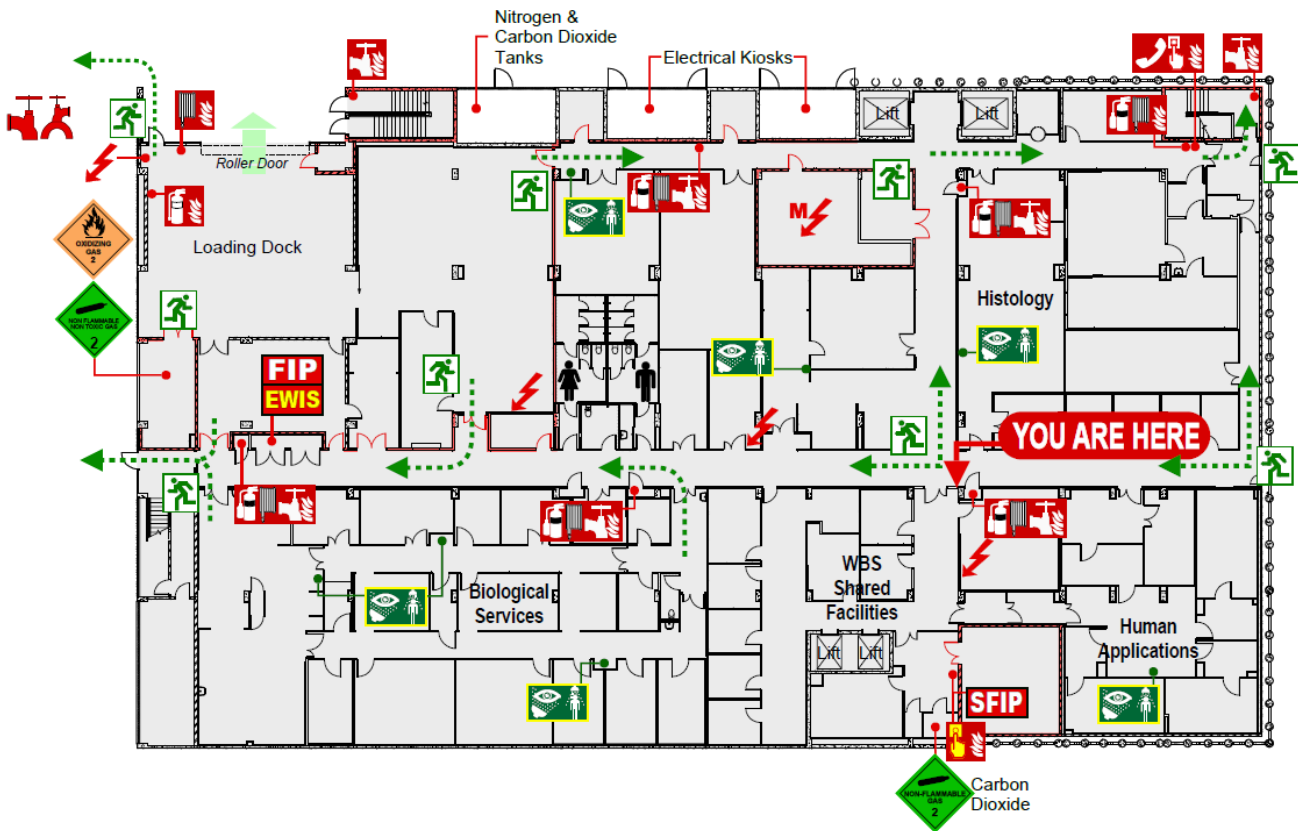
EMERGENCY ASSEMBLY AREA – CHILDREN’S HOSPITAL PARK

Emergency Assembly Area



**DO NOT ASSEMBLE IN FRONT OF CMRI.**

EMERGENCY EGRESS ROUTES LEVEL 1 – 3 FIRE STAIRS LOCATED IN THE BUILDING



## Instrument Training (AS SlideMate Writer, Histology Lab, Level 1)

	Training Checklist	Tick when completed:
1	Startup and shutdown	<input type="checkbox"/>
2	Workstation requirements, loading slides into hopper	<input type="checkbox"/>
3	Operating slide printer using touch screen, icons, templates, and 3D code, stain, options	<input type="checkbox"/>
4	Single slide printing	<input type="checkbox"/>
5	Multi slide printing	<input type="checkbox"/>
6	Sequence of slides to S10	<input type="checkbox"/>
7	Shutdown	<input type="checkbox"/>
8	Housekeeping tidying up	<input type="checkbox"/>

## Instrument Training Completion

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