

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:
-------------------------	----------------------	---------------

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:

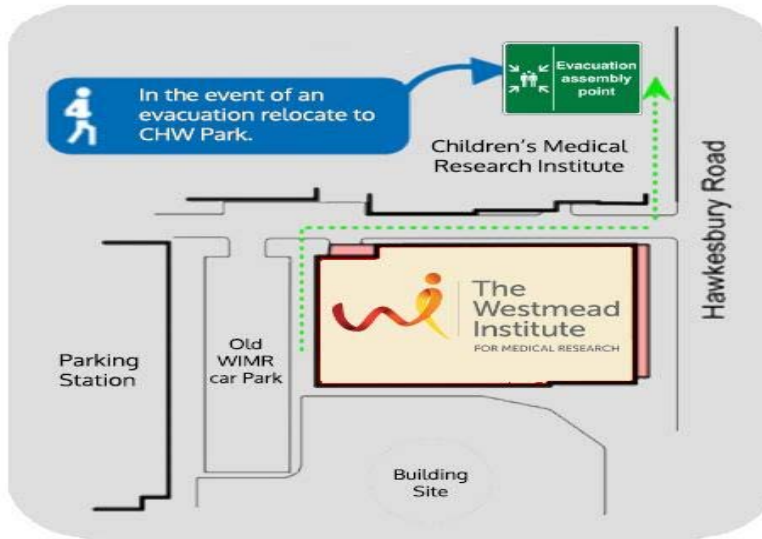
1	Evacuation, emergency exits, emergency contacts
2	Histology laboratory equipment and services induction
3	Workplace surveillance: camera, computer and other tracking
4	PPE, safety shower, eye wash, hand wash sink, spills and ergonomics
5	Sharps injury, first aid, incident forms
6	PC1 laboratory
7	Training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

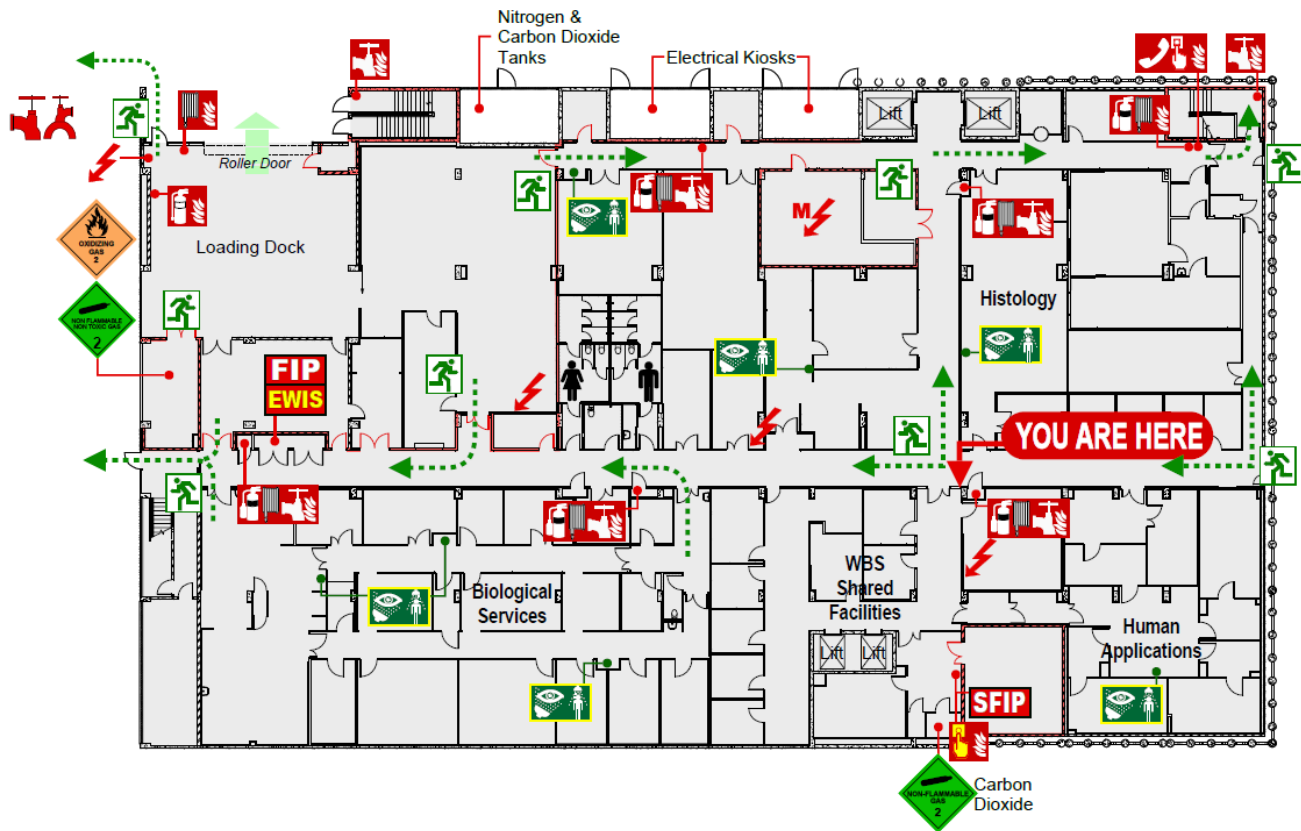
EMERGENCY ASSEMBLY AREA – CHILDREN’S HOSPITAL PARK

Emergency Assembly Area



DO NOT ASSEMBLE IN FRONT OF CMRI.

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



Instrument Training (Cryostat Microm 505E, Histology Lab, Level 1)

	Training Checklist	Tick when completed:
1	Workstation requirements and anti-cut gloves	<input type="checkbox"/>
2	Safety approach, ergonomics	<input type="checkbox"/>
3	Specimen preparation	<input type="checkbox"/>
4	Operating the control panel	<input type="checkbox"/>
5	Trimming and cutting protocol steps with mandatory safety stops	<input type="checkbox"/>
6	Puncture wound / near miss protocol	<input type="checkbox"/>
7	Cleaning workstation, decontamination, do not clean with blade inserted	<input type="checkbox"/>

Instrument Training Completion

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