

## Training Record – Electron Microscope Facility

### 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 (Electron Microscope Facility, Level 1 ICPMR)

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

If yes, for which equipment? \_\_\_\_\_ Go to p. 4, no signature for induction is required

If no, complete the induction below:

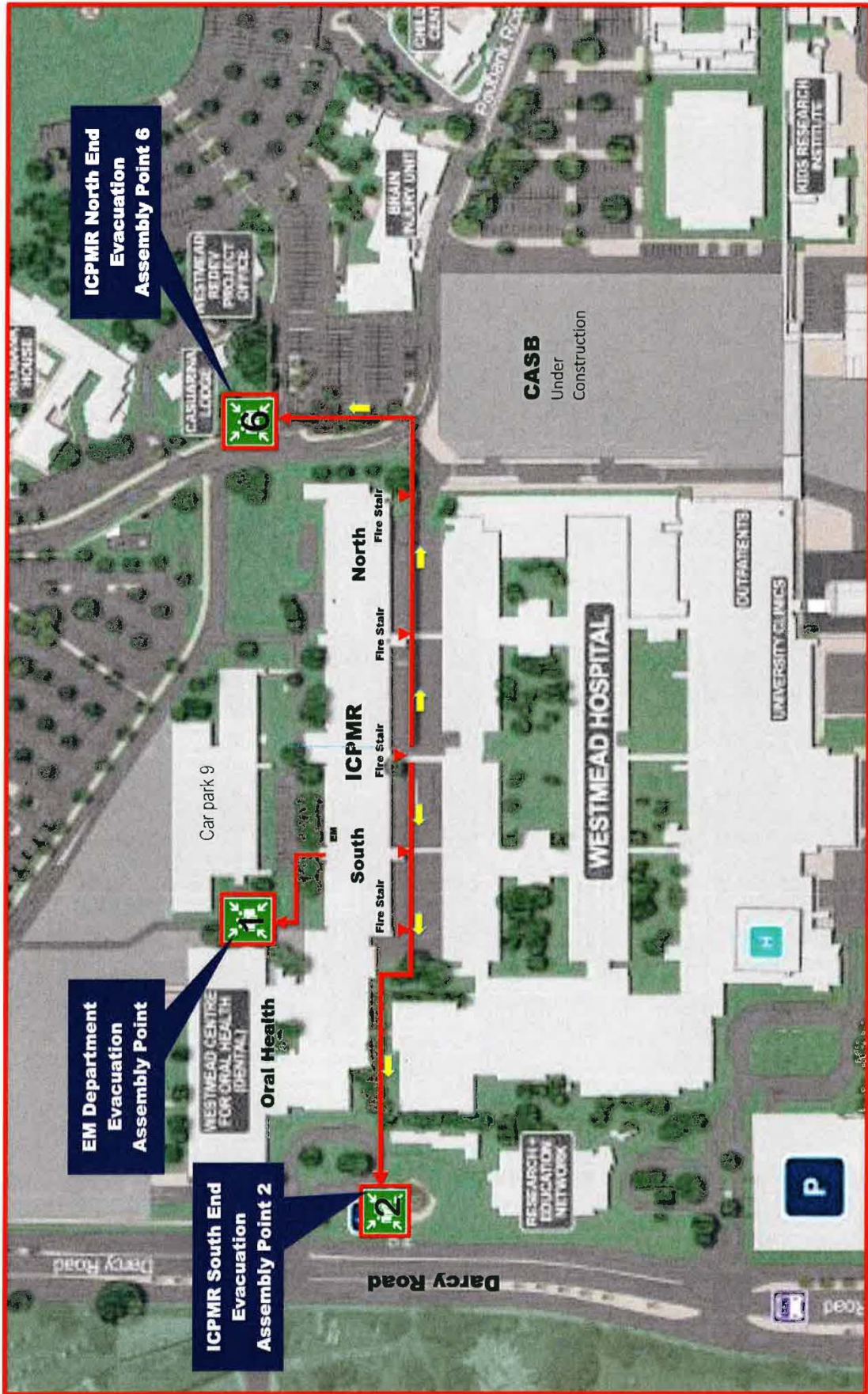
|    | Induction Checklist   | Tick when completed:     |
|----|---|--------------------------|
|    | <b>INTRODUCTION</b>   | <input type="checkbox"/> |
| 1  | Sign In/Out register  |                          |
| 2  | Site specific safety (read and understood)  |                          |
| 3  | Laboratory orientation document (read and understood)   |                          |
| 4  | PC certification emailed/attached   |                          |
| 5  | Mobile phone policy   |                          |
|    | <b>LABORATORY SAFETY</b>  | <input type="checkbox"/> |
| 6  | Phone directory   |                          |
| 7  | Careful work and good housekeeping procedures   |                          |
| 8  | Fume cabinets and biological safety cabinets  |                          |
| 9  | WH&S policy documents, MSDS folders, Safe Work Practices and supplementary WH&S information                                   |                          |
| 10 | Hazardous chemical spills and location of the spill kits  |                          |
| 11 | Work breaks, simple exercises and stretches while working on specialised equipment (eg Itramicrotomes) for protracted periods |                          |
| 12 | Procedure to be followed in the event of a gas alarm (either O2 depletion or SF6 release)                                     |                          |
| 13 | Waste/bins : autoclavable, sharps, general, recycling, chemical, cytotoxic  |                          |
| 14 | Incident reporting  |                          |
|    | <b>FIRE SAFETY</b>  | <input type="checkbox"/> |
| 15 | Evacuation plan in the event of a fire alarm, exits and assembly point  |                          |
| 16 | Safety showers, eye wash stations, fire blanket and fire extinguishers  |                          |

|    |   |                          |
|----|---|--------------------------|
| 17 | Westmead Emergency Procedures Flip Chart  |                          |
|    | <b>FIRST AID</b>  | <input type="checkbox"/> |
| 18 | Departmental First Aid notices  |                          |
| 19 | First Aid arrangements in the laboratory  |                          |
|    | <b>LIQUID NITROGEN SAFETY</b>   | <input type="checkbox"/> |
| 20 | SWP "Working with Liquid Nitrogen" (read and understood)  |                          |
| 21 | Requirement to use a visor, cryo-gloves and apron as necessary  |                          |
| 22 | Correct method for filling individual dewars from the 120LP, 230LP and XL-100 pressurised dewars  |                          |
| 23 | Procedure to be followed in the event of a gas alarm (O2 depletion) in the department   |                          |
| 24 | Hazards involved in working with liquid nitrogen and location of the SWP and MSDS   |                          |
| 25 | PC2 exhaust fan high speed  |                          |
|    | <b>LABORATORY METHODS</b>   | <input type="checkbox"/> |
| 26 | Location of the Laboratory Manuals and Safe Work Practices  |                          |
| 27 | Researchers can only undertake methods for which they have been specifically trained  |                          |
| 28 | Researchers can only undertake laboratory approved methods  |                          |
| 29 | Specific hazards, safety precautions including use of appropriate PPE, spill control measures and disposal of waste reagents pertinent to methods being used  |                          |
|    | <b>METHODS TRAINING</b>   | <input type="checkbox"/> |
| 30 | I understand that competency is awarded in those modules of the Laboratory Manual for which training has been provided. Achieving competency allows me to perform methods at the supervision level specified, but does not permit me to train others without specific authorisation |                          |
|    | <b>PPMS</b>   | <input type="checkbox"/> |
| 31 | Training request  |                          |
| 32 | Booking policy  |                          |
| 33 | Fees  |                          |
| 34 | Data management   |                          |
| 35 | Publication acknowledgement   |                          |
| 36 | Logging on to instruments   |                          |

## Induction Completion

|                        |                        |       |
|------------------------|------------------------|-------|
| Signature of Inductee: |                        | Date: |
| Name of Inductor:      | Signature of Inductor: |       |

# ICPMR EMERGENCY EVACUATION PROCEDURE



Date: 12 Dec 2017

Approved by: Colin Anlezark WSLHD Fire Manager

## Instrument Training (Leica AFS, Rm 1050C)

|   | Training Checklist   | Tick when completed:     |
|---|--|--------------------------|
| 1 | Power, exhaust hose  | <input type="checkbox"/> |
| 2 | Programming AFS  | <input type="checkbox"/> |
| 3 | Filling chamber with liquid nitrogen, bake out                             | <input type="checkbox"/> |
| 4 | Setting up chamber with vials and reagents                                 | <input type="checkbox"/> |
| 5 | Transferring specimens to AFS  | <input type="checkbox"/> |
| 6 | Starting program, mounting the UV light                                    | <input type="checkbox"/> |
| 7 | Shutting down : removing UV light, specimens, reagent and waste containers | <input type="checkbox"/> |

## Instrument Training Completion

|                       |                       |       |
|-----------------------|-----------------------|-------|
| Signature of trainee: |                       | Date: |
| Name of trainer:      | Signature of trainer: |       |