

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:
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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:

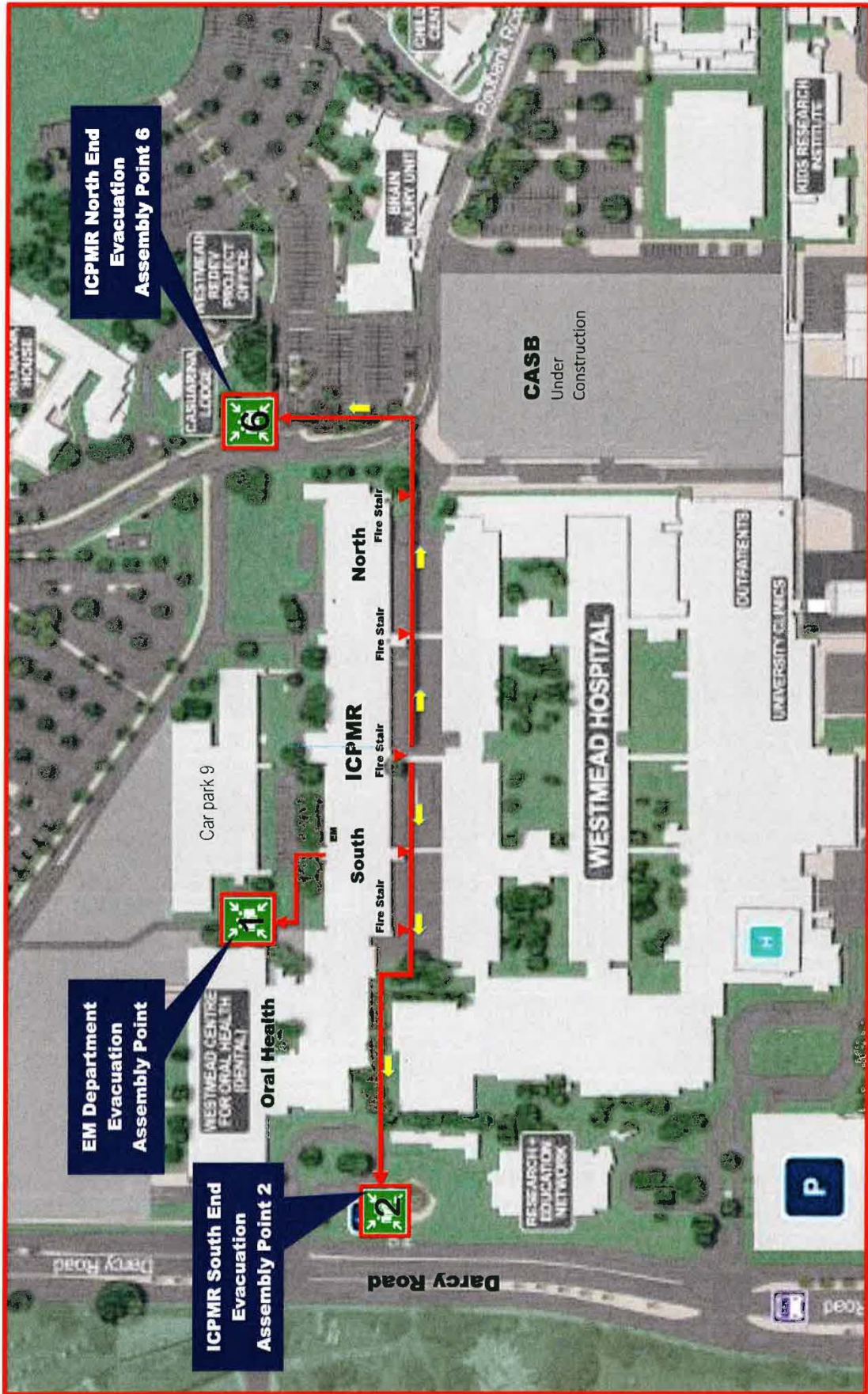
	Induction Checklist	Tick when completed:
	INTRODUCTION	<input type="checkbox"/>
1	Sign In/Out register	
2	Site specific safety (read and understood)	
3	Laboratory orientation document (read and understood)	
4	PC certification emailed/attached	
5	Mobile phone policy	
	LABORATORY SAFETY	<input type="checkbox"/>
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	
	FIRE SAFETY	<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	
	FIRST AID	<input type="checkbox"/>
18	Departmental First Aid notices	
19	First Aid arrangements in the laboratory	
	LIQUID NITROGEN SAFETY	<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	
	LABORATORY METHODS	<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	
	METHODS TRAINING	<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	
	PPMS	<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 EM IGL, Rm 1050B)

	Training Checklist	Tick when completed:
1	Setting Up: slide carriers, incubation slides and solutions, loading slide carriers, chemical safety	<input type="checkbox"/>
2	Loading magnetic grid holder: grid position	<input type="checkbox"/>
3	Transferring grid holder to the grid station of the IGL	<input type="checkbox"/>
4	Starting a program: power on, creating a new program, start sequence	<input type="checkbox"/>
5	Removing the magnetic grid holder	<input type="checkbox"/>
6	Clean up on completion: disposal of chemicals and slides, cleaning and drying slides	<input type="checkbox"/>

Instrument Training Completion

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