

## Training Record – Electron Microscope Facility

| Employment Details                      |   |                                    |                        |                  |  |  |  |
|---|---|------------------------------------|------------------------|------------------|--|--|--|
| Trainee's Name:                         |   | Email:                             | Mobile:                |                  |  |  |  |
|   |   |                                    |                        |                  |  |  |  |
| Affiliation:                            |   | Group:                             | Position:              |                  |  |  |  |
| Supe                                    | rvisor/Manager's Name:  | Email:                             | Phone number:          | none number:     |  |  |  |
|   |   |                                    |                        |                  |  |  |  |
| Emergency Contact / Next of Kin Details |   |                                    |                        |                  |  |  |  |
| Emergency contact name:                 |   | Relationship to you: Phone number: |                        |                  |  |  |  |
|   |   |                                    |                        |                  |  |  |  |
| Induc                                   | tion Checklist (Electron Mi   | croscope Facility, Level 1 ICPMR   | )                      |                  |  |  |  |
| Have y                                  | ou previously completed an ind  | uction for this laboratory?   Yes  | □ No                   |                  |  |  |  |
| If yes,                                 | for which equipment?  | Go to p. 4,                        | no signature for induc | tion is required |  |  |  |
| If no, c                                | complete the induction below:   |                                    |                        |                  |  |  |  |
|   | Induction Checklist Tick whe  |                                    |                        |                  |  |  |  |
|   |   |                                    |                        | completed:       |  |  |  |
|   | INTRODUCTION  |                                    |                        |                  |  |  |  |
| 1                                       | Sign In/Out register  |                                    |                        |                  |  |  |  |
| 2                                       | Site specific safety (read and understood)  |                                    |                        |                  |  |  |  |
| 3                                       | Laboratory orientation document (read and understood)   |                                    |                        |                  |  |  |  |
| 4                                       | PC certification emailed/attach   | ned                                |                        |                  |  |  |  |
| 5                                       | Mobile phone policy   |                                    |                        |                  |  |  |  |
|   | LABORATORY SAFETY   |                                    |                        |                  |  |  |  |
| 6                                       | Phone directory   |                                    |                        |                  |  |  |  |
| 7                                       | Careful work and good housek  | eeping 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   |                                    |                        |                  |  |  |  |
| 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   |                        |  |  |  |
| 18                           | Departmental First Aid notices  |                        |  |  |  |
| 19                           | First Aid arrangements in the laboratory  |                        |  |  |  |
|                              | LIQUID NITROGEN SAFETY  |                        |  |  |  |
| 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  |                        |  |  |  |
| 26                           | Location of the Laboratory Manuals and Safe Wor   | k Practices            |  |  |  |
| 27                           | Researchers can only undertake methods for which they have been specifically trained  |                        |  |  |  |
| 28                           | Researchers can only undertake laboratory appro-  | ved 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  |                        |  |  |  |
| 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 -  |                        |  |  |  |
| 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: |  |  |  |

## Under Construction CASB SOLETON STREET ICPMR Car park 9 South **CPMR South End** реон Ково Darcy Road 180

ICPMR EMERGENCY EVACUATION PROCEDURE

Date: 12 Dec 2017

Approved by: Colin Anlezark WSLHD Fire Manager

## Instrument Training (Hitachi HT7800 TEM, Rm 1027)

|   | Training Checklist   | Tick when completed: |
|---|--|----------------------|
| 1 | Starting up: PPMS login, loading grid and initial sample holder insertion              |                      |
| 2 | Filament, beam, lens reset, beam alignment, objective aperture alignment               |                      |
| 3 | Final sample holder insertion, z-height, modulation                                    |                      |
| 4 | Whole view, mapping, screen camera, seamless zoom                                      |                      |
| 5 | Auto-irradiation, montage function   |                      |
| 5 | AMT camera operation and saving images, measurements                                   |                      |
| 6 | Digital file transfer with Cloudstor   |                      |
| 7 | End of session : microscope settings, reset holder, lens reset, removing sample holder |                      |
|   |  |                      |

| Instrument Training Completion |                       |       |  |  |  |  |  |
|--------------------------------|-----------------------|-------|--|--|--|--|--|
| Signature of trainee:          |                       | Date: |  |  |  |  |  |
| Name of trainer:               | Signature of trainer: |       |  |  |  |  |  |