

Training Record – Biobank

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 (Prep Lab, J.2.06)

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:

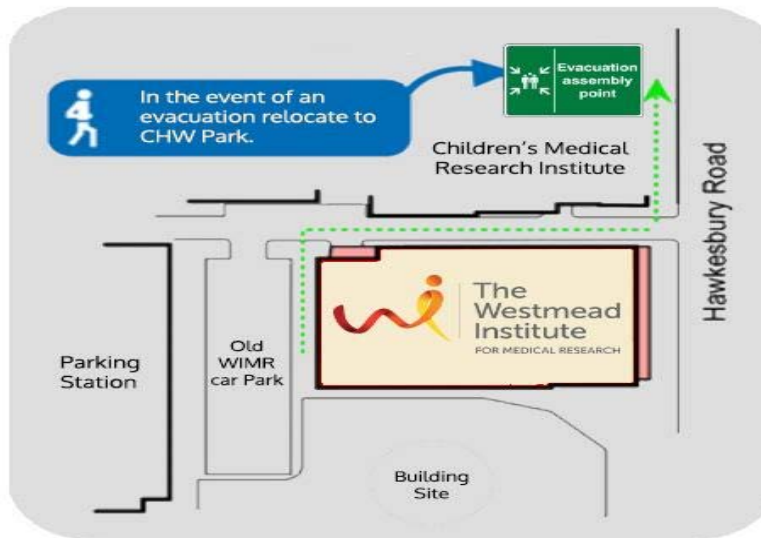
1	Access hours, Emergency exits, Assembly points
2	Injury or near miss reporting
3	Air conditioning purge, oxygen deficiency alarm
4	Gas & water valve locations
5	Safety shower, eye wash & hand wash sinks, PPE location
6	Lighting panel, different power points, emergency power off button
7	Workplace surveillance: CCTV, computer and other tracking
8	Chemical safety, chemical & biological spill kit locations
9	Operation of centrifuges
10	Operation of biosafety cabinets and fume cupboards
11	Booking: policy, PPMS, fees
12	Data management, analysis computer and software
13	Logons to AD, PPMS, instrument computers
14	PC2 certification emailed/attached
15	Publication acknowledgement

Induction Completion

Signature of Inductee:	Date:
Name of Inductor:	Signature of Inductor:

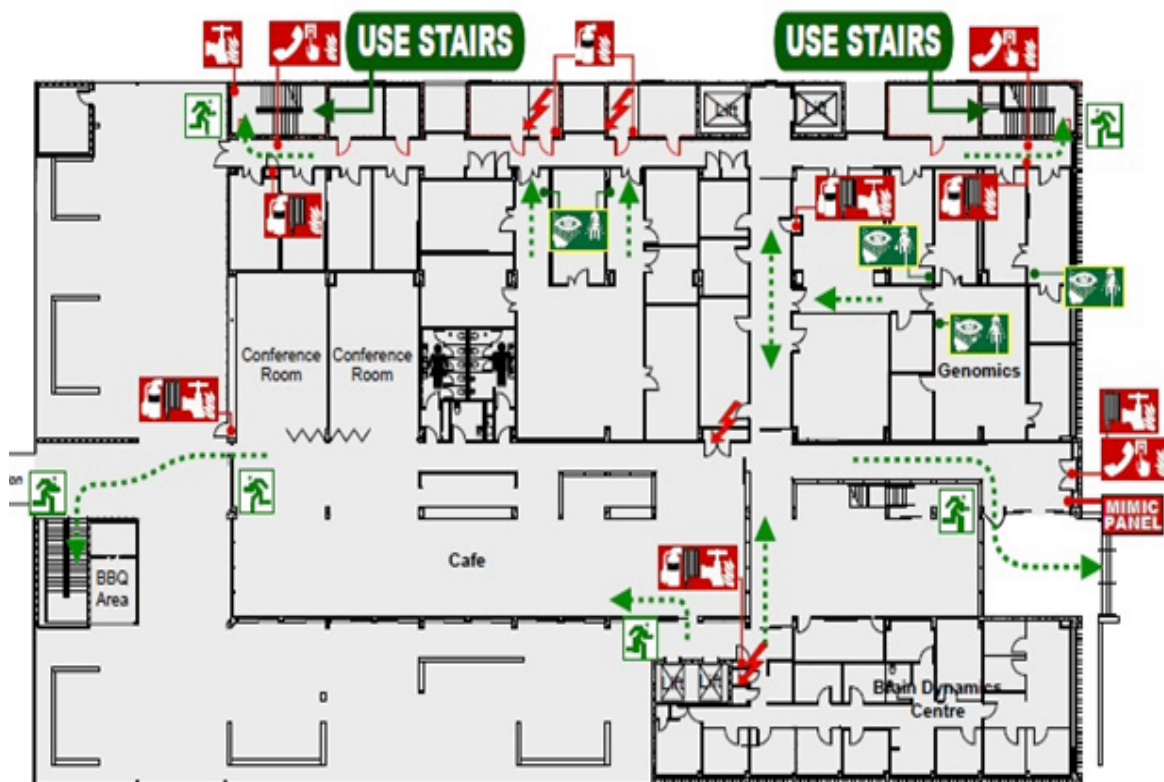
EMERGENCY ASSEMBLY AREA – CHILDREN’S HOSPITAL PARK

Emergency Assembly Area



DO NOT ASSEMBLE IN FRONT OF CMRI.

EMERGENCY EGRESS ROUTES LEVEL 2 – 3 FIRE STAIRS LOCATED IN THE BUILDING



Instrument Training (Eppendorf epMotion 5075, J.2.06)

	Training Checklist	Tick when completed:
1	Brief introduction of all applications of this automatic liquid handling system	
2	Familiar with all hardware	
3	Start up equipment, turn on computer, check successful connection	
4	Start up operation software, epBlue	
5	Set up new protocol/open an existing protocol	
6	Set up work table	
7	Start up protocol and deal with error message	
8	Finish protocol, turn off equipment and computer	
9	Cleaning procedure	

Instrument Training Completion

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