**DEPARTMENT OF ELECTRONIC AND ELECTRICAL ENGINEERING**

**RECORD OF LABORATORY INDUCTION & NEW USER SAFTEY TRAINING**



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| --- | --- |
| **Facility/Group:**  |  |
| **Laboratory and associated area:**  |  |
| **New User**  |  |
| **Lab manager/ contact:** | *(please state department if not EEE)* |
| **Appointed lab mentor:** |  |

1. **I confirm I have completed the following mandatory safety courses and modules;**

|  |  |
| --- | --- |
| UCL Fire Safety |  |
| UCL Safety  |  |
| Local Fire Safety |  |
| Local Health and Safety |  |

1. **I confirm I have completed a laboratory safety induction**

*To be completed by appointed lab mentor.*

|  |  |
| --- | --- |
| Access & security |  |
| Emergency action- fire exits, first aid & phone location |  |
| Facility/lab risk assessment- key hazards and controls |  |
| Covid-19 mitigation  |  |
| Contingency plans *(specify e.g. Laser, chemical, Cryogen)* |  |
| Accident reporting |  |
| PPE location, use & upkeep |  |
| Manual handling |  |
| Lone working |  |
| Fault reporting |  |

1. **I confirm I have read and signed the lab risk assessment.**

|  |  |
| --- | --- |
| **Facility/Laboratory risk assessment RiskNet reference:** |  |

1. **I confirm I will undergo any and all necessary training.**

*New users must be trained by a competent person. Training should be retaken every 3 years.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Equipment/process name:** | **Risk assessment reference:** | **Sign off by competent person:** | **Date:** |
| *(e..g. use of laser or amplifier in the C-band, class 2 or below)* | *(leave blank if included in lab RA and/or induction)* |
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1. **I confirm I will not give access or share codes/keys with anyone else, inside or outside the department.**
2. **Sign off for Departmental records**

**New user**

*I confirm I have completed and understood the laboratory induction and agree to abide by the procedures outlined within:*

Signed: ….................................... Print: ….............................................. Date:…......................

**Appointed Mentor**

*Following a period of supervision and instruction, I hereby declare that the person named below is competent to carry out laboratory tasks and experimental work unsupervised:*

Signed: ….................................... Print: ….............................................. Date:….....................