**DEPARTMENT OF ELECTRONIC AND ELECTRICAL ENGINEERING**

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



|  |  |
| --- | --- |
| **Facility:**  |  |
| **Laboratories:**  |  |
| **Name of new lab user:** |  | **UPI:** |
| **Supervisor/line manager:** | *(please state department if not EEE)* |
| **Appointed lab mentor:** |  |

1. **UCL & department safety training**

*To be confirmed by appointed lab mentor.*

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| --- | --- | --- |
| **Safety course/module** | **Complete?****(Y / N)** | **Date** |
| UCL Fire Safety |  |  |
| UCL Safety  |  |  |
| Local Fire Safety |  |  |
| Local Health and Safety |  |  |
|  |  |  |

1. **Laboratory safety induction**

*To be completed by appointed lab mentor.*

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| --- | --- | --- |
| **The new user has been trained and comprehends the local arrangements for:** | **Complete?****(Y / N)** | **Date** |
| Access & security |  |  |
| Emergency action- fire exits, first aid & phone location |  |  |
| Facility/lab risk assessment- key hazards and controls |  |  |
| Contingency plans *(specify e.g. Laser, chemical, Cryogen)* |  |  |
| Accident reporting - RiskNet |  |  |
| PPE location, use & upkeep |  |  |
| Manual handling |  |  |
| Lone working |  |  |
| Fault reporting |  |  |

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

1. **List equipment/process permissions (update as required)**

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

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| --- | --- | --- | --- |
| **Equipment/process name:**  | **Risk assessment reference:** | **Sign off by competent person:** | **Date:** |
| *(e.g. use of any laser or amplifier in the C-band, class 2 or below)* | *(leave blank if included in lab RA)* | *(leave blank if included in lab induction)* | *(leave blank if inc. in lab ind.)* |
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1. **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**

Signed: Print: Date:

1. **Competency to work independently**

**Appointed Mentor**

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

Signed: Print: Date: