**Lab User Information**

Name: …………………………………………………… Staff or Student Number: ………………………………

For all students please obtain the signature of your Supervisor.

Supervisor’s name: …………………………………………….…………………………………..

Supervisor’s signature……………………………………………………………….. Date: ……………………

|  |  |
| --- | --- |
| **TASK** | **COMPLETION (Y/N)** |
| **Identify** |  |
| University RSO: Contact Details / Office location |  |
| Closest Emergency Exists / Emergency Contact Information |  |
| Closest Eye Wash Stations / First Aid Kit / Spill Kit / Emergency Alarm |  |
| Access Rights:   * Arrangement of FOB Access to Radiation Laboratory * Use of OSL monitors location and storage |  |
| Hazard Awareness:   * Equipment operation (burns, injury) * Isotopes/other radiation sources * Equipment taken out of radiation lab needs to be tested and cleaned. |  |
| Specialist PPE:   * Lead aprons * Perspex/lead shielding |  |
| **Understand how to:** |  |
| Access, return and use OSL Monitors |  |
| Perform Risk Assessments;   * To be performed by User, approved by Supervisor and submitted to RSO or Technical Manager. * Specific use of equipment and isotope * Review controls, shielding and contamination monitoring * Waste minimization and disposal |  |
| Complete Standard Operating Procedures (SOP);   * Each experimental technique performed requires an SOP |  |
| Dispose of waste;   * Radioactive waste * Laboratory waste streams |  |
| Book Laboratory Space & Equipment |  |
| Correctly use log books to record the use of isotopes |  |
| Use designated radiation work zone |  |
| Perform contamination monitoring |  |
| Decontaminate radioactive spillages |  |
| Report Incidents;   * Must report and incident, near miss or hazard * Contact Technical Manager and RSO immediately |  |
| **Provide:** |  |
| A copy of ‘Safety Radiation Training Certificate to Technical Manager |  |
| **Confirm you understand that:** | |
| You are only permitted to engage in activities/experiments in the Radiation Laboratory once you have completed;   * The Radiation Laboratory Induction. * Competency based Radiation Training Course * Submitted approved SOP and RA to the TM or RSO |  |
| You require additional protocol training for specific pieces of scientific equipment, to be arranged with the Technical Manager |  |
| You are not permitted to allow any peers assist with data collection or laboratory experimentation without;   * Consulting your supervisor. * All Individuals must complete Biochemistry and Radiation Laboratory Inductions. |  |

**I, have:**

**(Print Name)**

**Completed the Radiation Laboratory Induction;**

**Completed the Biochemistry Laboratory Induction;**

**Read & understood the Radiation Laboratory Facility Manual;**

**Read & understood the VU Radiation Management Procedure;**

**I understand that depending on my project, additional training may be required and that I am bound by the University Biosafety Committee training and OHS requirements.**

|  |  |  |
| --- | --- | --- |
| **Signature of Staff/Student** |  | **Date:** |
| **Name and Signature of Trainer** |  | **Date:** |
| **Name and Signature of Radiation Safety Officer** |  | **Date:** |

**\* Personnel are encouraged to make an appointment with their supervisor within 3 months after their induction to discuss any new issues that may have arisen**

**\*A copy of this document must be provided to the Technical Manager**