**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**