

Blizard Institute Induction

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Employment Contract type			
Permanent Contract		Work experience	
Fixed Term Contract		QMUL other staff	
Honorary Status		Visiting Worker	
SMD Student		Other	
Student			

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SURNAME	
Forename	
Centre	
Status	
End date	
QMUL Card Number	

↑ ↑ ↑
First seven digits on the reverse side of your card

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This form must be signed by Blizard Institute Management and your supervisor before your induction takes place



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Blizard Institute Management



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I the Supervisor/Line Manager of the above inductee confirm that they will be provided with adequate training and appropriate PPE (e.g. eye protection in laboratory areas) necessary to safely perform their duties and will complete all mandatory Risk Assessments as prescribed under College Policy, Management of Health and Safety at Work Regulations (1999) and other relevant regulations.

Supervisor

Print:..... Sign:..... Date:

General Access Induction (Office)
<ul style="list-style-type: none"> Legal obligations under the HSWA 1974 Description of building(s) / access and circulation routes ID cards / Protecting the building, family, friends & visitors Fire Alarm call points & Fire extinguishers, Evacuation procedure / Fire exits & assembly point, 3333 Emergency help, First aid Training / QM H&S Courses Computing facilities, (DSE) risk assessment Catering Facilities, food, drink & smoking, locale, parking, bicycles Lone office working LWRA Bags & coats/ food and drink
Completed

Laboratory Access Induction
<ul style="list-style-type: none"> Laboratories, restricted access to /circulation routes/ fire exits Lab coats, safety specs/ Personal Protective Equipment Containment levels / areas with controlled access Risk Assessments, COSHH / BioCOSHH / GM, SOPs, equipment, gases, LN2 Core facility training Training records, QM H&S Courses Waste disposal / spillage containment Lone working / out of hours working / LWRA Permits to work / contractor and visitor access Reporting accidents
Completed
Received safety glasses

I confirm I have been instructed on the above and understand the requirements and limitations. I further agree to follow all good safe working practices under the Health and Safety at Work Act (1974) and in accordance with College policies. I have been made aware of and provided with a copy of the local Health & Safety Rules

Date _____ Signature:(Inductee)

Access Confirmed by the Institute Laboratory Management: Dr. J. P. Maskell Mr. C. W. A. Pelling Mr. S. J. Cannon
<small>Ver. November 2014</small>
<div style="display: flex; justify-content: space-between;"> Office Only..... Office and Laboratory..... </div>