

Part 1 - Local Safety Induction

Name:	Start Date:
Laboratory or office where you will be primarily working:	Supervisor/Line Manager/Host:

It is the duty of your Supervisor/Line Manager/Host to ensure you have received information, guidance and instruction about the following local arrangements:

- Fire exits, emergency procedures and assembly points
- Specific hazards associated with the work.
- Security arrangements, including access
- First aid arrangements
- Risk assessments and safe systems of work.

Please complete the record of induction information and completion of mandatory training below, (as found on form *HR24 Employee Induction Checklist* issued by the HR team):

My Local Safety Coordinator is:	
I can contact a first aider by calling:	
My emergency assembly point is:	
Health and Safety Induction online training	Completed on:
Fire Safety Induction online training	Completed on:

Please tick if you expect to be working with any of the following:

Lasers – Class 3b/4	<input type="checkbox"/>	Radioactive substances	<input type="checkbox"/>
Biological substances	<input type="checkbox"/>	Hazardous substances	<input type="checkbox"/>

For advice on working with any of the above in the Department please contact:

Biological Safety Officer:	Dr Thierry Savin	ts573@cam.ac.uk
Laser Safety Officer:	Prof Tim Wilkinson	tdw13@cam.ac.uk
Radiation Protection Supervisor:	Prof Geoff Parks	gtp10@cam.ac.uk

Work involving certain chemicals, nanoparticles, lasers or biological agents will require attendance of a University training session. Details of University training may be found at <https://www.training.cam.ac.uk/ohss/>

Access to Department Bio-labs will be granted following attendance at a departmental biological training session conducted by Dr Thierry Savin.

Anyone introducing or developing new methods and procedures must complete and have an approved risk assessment **before** commencing work. If, following discussion with your Supervisor/Line Manager, you believe there will be risk assessments associated with your role indicate below at which level/s you will be involved.

An additional user who will need to read and agree to existing risk assessments

Yes

No

Use this [Link](#) and click on either:

View & Agree to Risk
Assessments Shared
With Me

or

View Publicly Accessible
Risk Assessments

An assessor who will be required to write new risk assessments

Yes

No

Use this [Link](#) and complete the risk assessment form

Any accidents, unsafe acts or significant hazards must be reported immediately to your supervisor, line manager, host or CUED Safety Office.

Part 2 - Departmental Safety Induction

All new staff (whether temporary, permanent, part or full-time) and visitors should attend a Department Safety Induction, in addition to any local induction. This will include an explanation of the Health and Safety Policy, specific instructions such as first aid arrangements, fire precautions and evacuation procedures, other safety arrangements and advice that is relevant to the work of the new employee/visitor.

New staff and visitors will be invited to attend an in-person induction session or, when this is not possible, an online session will be facilitated.

Please note: Repeated failures to attend a Departmental Safety Induction may result in removal of access to departmental buildings.

I attended the Department Safety Induction on:

Email the Department Safety Office, safety-office@eng.cam.ac.uk if you have any health and safety questions or concerns.

Please keep this sheet as a record of your induction

When all previous items have been completed please sign off the section on the next page and email the sign-off sheet to: safety-office@eng.cam.ac.uk

Your signature to confirm that you have received the supervision, information, instruction and training to undertake your work safely.

Signature	Print Name	CRSid	Date
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Signature of Supervisor or Local Safety Coordinator to confirm that you have had adequate supervision, information, instruction and training to undertake your work safely.

Signature	Print Name	CRSid	Date
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Received by Departmental Safety Office

Signature	Print Name	Date
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