

**Department of Engineering**

**Local Safety Induction**

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|  Name: | Supervisor /Host: |
| Start Date: | Laboratory or office where you will be working: |

**Local Safety Arrangements**

**It is the duty of your supervisor** to ensure you have received information, guidance and instruction about the following local arrangements:

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

If your work involves the use of lasers, biological or radiation hazards then this work must be agreed with and signed off by the relevant specialist safety officer.

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| --- | --- | --- |
| Laser Safety Officer Prof Tim Wilkinsontdw@eng.cam.ac.uk | LSO Signature | Date |
| Biological Safety OfficerDr. Thierry Savints573@cam.ac.uk | BSO Signature | Date |
| Radiation Safety OfficerDr. Geoff Parksgtp@eng.cam.ac.uk | RSO Signature | Date |

**Departmental Safety Induction**

All new staff (temporary, permanent, part or full-time) and visitors should attend a Departmental Safety Induction. This will include an explanation of the Health and Safety Policy, specific instructions such as fire precautions and evacuation procedures, the location of first aid facilities, and other safety arrangements and advice that is relevant to the work of the new employee/visitor. Email the Departmental Safety Office, safety-office@eng.cam.ac.uk you have any health and safety questions or concerns.

**Signature of Supervisor or Local Officer for Safety** to confirm that you have had adequate supervision, information, instruction and training to undertake your work safely.

|  |  |  |
| --- | --- | --- |
| Signature | Print Name | Date |

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

|  |  |  |
| --- | --- | --- |
| Signature | Print Name | Date |

**When completed, email the form to the Safety Officer at safety-office@eng.cam.ac.uk**.

Received by Departmental Safety Office

|  |  |  |
| --- | --- | --- |
| Signature | Print Name | Date |