DEPARTMENT OF CHEMISTRY

RESEARCHER HEALTH AND SAFETY INDUCTION

**Researcher Name:**

This induction sheet is intended to act as a checklist for instruction in the safe practices appropriate to chemical research. The first page of the form must be completed, and a copy submitted to the Department Office, before practical work commences or undergraduate laboratory demonstrating is undertaken. It may not be necessary for all researchers to complete all parts of the second page. Your supervisor should therefore advise which areas are appropriate for your work. Departmental safety policies are in the Departmental Handbook for Health & Safety.

|  |  |  |
| --- | --- | --- |
| **General Organisation** | **Date** **Completed** | **Signatures** |
| **Researcher** | **Supervisor** |
| Departmental Handbook for Health & Safety issued and read |  |  |  |
| Identity of Departmental Safety Advisor |  |  |  |
| Identity of Radiation Supervisor (if appropriate) |  |  |  |
| Health & Safety Induction Lecture attended |  |  |  |
| If lecture not attended, have you watched H&S video available on the Chemistry homepage |  |  |  |
| Procedure if you discover a fire |  |  |  |
| How to contact Emergency Services (Dial 9 then 999) |  |  |  |
| Contacting Security (ext 3939) |  |  |  |
| Procedure if the fire alarm sounds |  |  |  |
| Location of fire alarm break points |  |  |  |
| Location and types (content) of fire extinguishers |  |  |  |
| Fire extinguishers course attended (optional) |  |  |  |
| Escape routes in event of fire |  |  |  |
| Location of Assembly Point |  |  |  |
| Location of First Aid supplies |  |  |  |
| Identity/Location of Departmental First Aid personnel |  |  |  |
| Location of Recovery Room |  |  |  |
| Emergency First Aid procedure |  |  |  |
| Reporting of Accidents |  |  |  |
| **Housekeeping & General Matters** |  |  |  |
| General Laboratory Safety |  |  |  |
| Areas of permitted/prohibited eating/drinking/smoking |  |  |  |
| Lab coat policy |  |  |  |
| Eye protection policy |  |  |  |
| Further personal protective equipment (if appropriate) |  |  |  |
| Effective use of fume cupboards |  |  |  |
| Procedure for notification of building defects |  |  |  |
| **Handling of Chemicals** |  |  |  |
| Storage of chemicals |  |  |  |
| Labelling of chemicals |  |  |  |
| Transport of chemicals |  |  |  |
| Procedure for dealing with spills |  |  |  |
| Disposal of chemical waste |  |  |  |
| Disposal of contaminated sharps (including glass waste) |  |  |  |
| Domestic waste |  |  |  |
| Bulk/heavy waste |  |  |  |
| **Out-of-Hours Working** |  |  |  |
| Out-of-Hours procedure |  |  |  |
| Lone working policy |  |  |  |
| Overnight running permits |  |  |  |

**I have read and understand the safety policy on each countersigned item above** ………………………….

 (Researcher signature)**LABORATORY SPECIFIC ISSUES**

|  |  |  |
| --- | --- | --- |
| **Risk Assessment** | **Date** **Completed** | **Signatures** |
| **Researcher** | **Supervisor** |
| Risk assessment lecture/training attended |  |  |  |
| First laboratory risk assessment submitted |  |  |  |
| **Equipment Specific Issues (where appropriate)** |  |  |  |
| Use of high pressure equipment |  |  |  |
| Use of vacuum equipment |  |  |  |
| Use of electrical equipment |  |  |  |
| Use of centrifuges |  |  |  |
| X-ray equipment and film badges |  |  |  |
| **Chemical Specific Issues** |  |  |  |
| Use of cryogenics |  |  |  |
| Use of gas cylinder |  |  |  |
| Use of mercury |  |  |  |
| Use of carcinogens |  |  |  |
| Highly flammable liquids and ethers/peroxides |  |  |  |
| Chemical incompatibilities |  |  |  |

**I have read and understand the safety policy on each countersigned item above** ……………………

 (Researcher signature)