

INDUCTION FORM

FREEZERS - COLD ROOMS - CONSTANT TEMPERATURE ROOMS

This Induction Form must be completed, signed and dated by the Inductee and Supervisor/Area Manager and a copy emailed to the Administration Team, so that SSCI's Training & Induction Records can be updated.

INDUCTEE'S NAME:

Signatures and additional information on Page 2 please.

Access Required (please tick):

- | | |
|--|---|
| <input type="checkbox"/> JO.19.312 - Freezer Room | <input type="checkbox"/> JO.19.315 - Constant Temp Room |
| <input type="checkbox"/> JO.19.317 - Cold Room | <input type="checkbox"/> JO.19.357 - Constant Temp Room |
| <input type="checkbox"/> JO.19.358 - Constant Temp Room | <input type="checkbox"/> JO.19.359 - Cold Room |
| <input type="checkbox"/> JO.19.306 - Marine Freezer Room | |
| <input type="checkbox"/> CW.77.107 - Fridge | <input type="checkbox"/> CW.77.107A - Freezer |

Access to room/s will expire at employment, contract, project or candidature end-date

REASON FOR ACCESS:

Postgrad (End of Candidature Date):		Postdoc (End of Contract Date):	
RA's (End of Contract Date):		Fixed-Term Staff (End of Contract Date):	
Permanent Staff (End of Project):			

Safety

- Explanation of Duty of Care and that it applies to all users, regardless of physical presence
- Explanation and completion of risk assessment for project and maybe specific practices or protocols
- Alert to web-based University / School OSH policies and procedures

Emergency Procedures

- Location, types and appropriate use of fire extinguishers and blankets - Only fight minor fires, if trained and it is safe to do so
- Location and explanation of Emergency Evacuation notices and what to do when alarm sounds
- Location of fire exits and assembly area
- Location of first aid kits and first aiders
- All accidents, near misses and hazards must be reported ASAP via the online reporting system, and to the Supervisor, Safety Rep and Area Manager

Personal Safety

- Working alone After-Hours is not permitted
- Samples may be placed inside if two people are present (one putting samples in and other person remaining outside)
- If arriving back alone from the field after-hours, place samples in chest freezer or fridge overnight - move to freezer/cold or CTR rooms following day during work hours
- Ensure you have a working mobile phone on you when entering the room/s
- Appropriate footwear - enclosed shoes worn at all times

- Working alone (during work hours), NowForce App
- Eating and drinking prohibited
- Wear warm/extra clothing if working in cold/freezer rooms for extended periods of time
- If lifting anything above shoulder height, use stepladder/stool
- Ensure the door is left ajar, not shut
- If the door does shut, push green button then the mushroom button
- If this fails, push the EMERGENCY DOOR RELEASE, then mushroom button
- Security can be contacted on 08 6304 3333

General

- The Area Manager reserves the right to revoke access if you do not comply with these procedures
- Label everything: Your Name, Supervisor’s Name and Disposal Date
- Store labelled items in durable, stackable crates – ensure your crate is also labelled
- Clean up spills and mess
- Area is to be kept tidy with no trip hazards
- No electrical equipment to be used in **freezer rooms**
- Only electrical equipment that is ‘fit for purpose’ is to be used in Cool Rooms and Cold Temp Rooms
- All electrical equipment needs to be tested and tagged
- If chemical preservatives are used, please label with chemical name and concentration

Chemical Hazards

- All spills (including water) should be cleaned up immediately
- Location of nearest spill kit, dustpan and brush, mop and paper towels
- No flammable/volatile stock solutions to be stored in these rooms

Security and Maintenance

- To exit, push green button (see Personal Safety above)
- Area users are responsible for security of rooms and equipment
- If working after hours, follow After-Hours procedures and ensure you do not use freezer/cold/CT rooms alone
- For problems with power, gas, water, lighting, air conditioning and room fittings make a maintenance request on ext. 5554 – also notify the Area Manager
- Please minimise the time the door is open wide

Inductee Information

I, the Inductee, acknowledge that I have read and understood this Induction Form and agree to abide by ECU OSH policies and the School of Science requirements and procedures.

FULL NAME		SIGNATURE	
STAFF/STUDENT ID		DATE	

Supervisor / Area Manager Information

I, acknowledge that I have inducted the Inductee and have explained the use of equipment and processes, where applicable.

NAME		SIGNATURE	
When Induction complete, email signed form to the Administration Team		DATE	