

INDUCTION FORM

Glasshouse - Shadehouse - Potting Shed

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"/> 19A - Compound (no shading) | <input type="checkbox"/> 19B - Shadehouse | <input type="checkbox"/> 19C - Potting Shed |
| <input type="checkbox"/> 19D - Teaching Glasshouse | <input type="checkbox"/> 19E - Research Glasshouse | |

*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
- 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

- Eating and drinking prohibited
- Working alone - keep door open, NowForce App

Personal Protective Clothing

- Appropriate footwear - enclosed shoes worn at all times
- And any other appropriate PPE should be worn, as per RAMP

- Dust masks should be worn if required

General

- The Area Manager reserves the right to revoke access to non-compliance
- Label everything: Your Name, Supervisor's Name and Disposal Date
- Clean up spills and mess when finished
- Area is to be kept tidy with no trip hazards
- Only electrical equipment that is 'fit for purpose' is to be used
- All electrical equipment needs to be tested and tagged
- No pesticide to be used without approval of Area Manager and; should be added to RAMP
- Please use recommended precautions when using pesticides
- Do not adjust reticulation or glasshouse settings without consulting Area/Lab Manager
- Bookings by email to the Area Manager

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 liquids
- Please store pesticides in tubs provided

Security and Maintenance

- Area users are responsible for security of rooms and equipment
- If working after hours, please follow After-Hours procedures
- For problems with power, gas, water, lighting, air conditioning and room fittings make a maintenance request on ext. 5554
- Do not use unfamiliar/suspect or faulty equipment

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	
		DATE	

When Induction complete, email signed form to the Administration Team