Laboratory Safety Training

Please discuss your safety training requirements with your supervisor. Select from the list below and add in any additional training required for you to perform your duties safely and efficiently. The training you require will depend on your experience, prior training and the nature of your work activities. Your training requirements may vary over time, and as your project develops. Please ensure your review your safety training requirements with your supervisor regularly.

Prerequisites

This TNA must be completed in conjunction with the general TNA for ‘All UQ Workers’;
http://www.uq.edu.au/ohs/?page=168925

Equipment/Task specific training

Task specific training must be ‘hands-on’ and provided by the workers Supervisor (or a suitably qualified nominee). You must not use any laboratory equipment that you are not familiar with, and have not been trained to use. Always refer to the manufactures instruction manual and any locally developed SOPs (safe/Standard Operating Procedures) prior to the commencement of activities.

<table>
<thead>
<tr>
<th>Equipment Training</th>
<th>Required?</th>
<th>Task Specific Training</th>
<th>Required?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autoclave</td>
<td>Yes/No</td>
<td>Working with hazardous chemicals e.g. toxic substances, carcinogens, flammable liquids, cytotoxic, corrosive materials</td>
<td>Yes/No</td>
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<tr>
<td>Centrifuge</td>
<td>Yes/No</td>
<td>Use of PPE specific to tasks</td>
<td>Yes/No</td>
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<tr>
<td>Fume Cupboard</td>
<td>Yes/No</td>
<td>Working with biological materials</td>
<td>Yes/No</td>
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<tr>
<td>Laminar Flow Cabinet</td>
<td>Yes/No</td>
<td>Working with Biosecurity Goods</td>
<td>Yes/No</td>
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<tr>
<td>Class II Biological Safety Cabinet</td>
<td>Yes/No</td>
<td>Safely washing laboratory glassware</td>
<td>Yes/No</td>
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<tr>
<td>Vacuum apparatus</td>
<td>Yes/No</td>
<td>Decanting and labelling of chemicals/substances</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Stirring, shaking &amp; mixing devices</td>
<td>Yes/No</td>
<td>Chemical waste management and disposal</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Sample grinding &amp; milling devices</td>
<td>Yes/No</td>
<td>Liquid nitrogen dispensing</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Digesters</td>
<td>Yes/No</td>
<td>Working with Sharps</td>
<td>Yes/No</td>
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<tr>
<td>Extraction fans</td>
<td>Yes/No</td>
<td>Working with samples containing heavy materials</td>
<td>Yes/No</td>
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<tr>
<td>Air compressor hose</td>
<td>Yes/No</td>
<td>Working with radiation sources including; UV microwaves, radiation apparatus, radioactive substances</td>
<td>Yes/No</td>
</tr>
<tr>
<td>Analytical Balance</td>
<td>Yes/No</td>
<td>Animal handling</td>
<td>Yes/No</td>
</tr>
</tbody>
</table>
Heating devices | Yes / No | Working in cold rooms or temp control facility | Yes / No
Drying Ovens | Yes / No | Working with Scheduled drugs and poisons | Yes / No
-80 Freezers | Yes / No | Working with Compressed gases | Yes / No
Bunsen Burners | Yes / No | Clinical Waste Management | Yes / No
Working with Cages | Yes / No | Swaglok Training | Yes / No

Are you working with any of the following substances? | Yes / No

- Lead • MOCA • Acrylonitrile • Asbestos • Benzene • Cadmium • Creosote • Crystalline Silica • Inorganic Arsenic • Inorganic Chromium • Inorganic Mercury • Isocyanates • Organophosphate Pesticides • Pentachlorophenol (PCP) • Polycyclic Aromatic Hydrocarbons (PCP) • Thallium • Vinyl Chloride

If yes please complete a Health Surveillance Form

Are you working with any of the following Carcinogens? | Yes / No

- 2-Acetylaminoﬂuorene • Aflatoxins • 4-Aminodiphenyl • Benzidine
- bis(Chloromethyl) ether • Chloromethyl methyl ether • 4-Dimethylaminoazobenzene • 2-Naphthylamine • 4-Nitrodiphenyl • Acrylonitrile • Benzene • Cyclophosphamide • 3,3’-Dichlorobenzidine • Diethyl sulfate • Dimethyl sulﬁde • Ethylene dibromide • 4,4’-Methylene bis(2-chloroaniline) MOCA • 3-Propiolactone • o-Toluidine • vinyl chloride monomer

If yes, please ensure your Supervisor has included your name on the list of persons working with these compounds. You must also ensure your local WHSC and/or the OH&S Division (Occupational Hygiene Adviser) have been notified.

Other Equipment and/or Task Specific Training requirements, as identified by Supervisor and Worker ...

** Approvals **

It is the responsibility of the Supervisor and Worker to ensure required safety training is undertaken **

Please ensure equipment training is recorded in your local ‘Equipment Training Register’ **

Worker
Name & Signature: ___________________________ Date: _______________

Supervisor
Name & Signature: ___________________________ Date: _______________