**Appendix F**

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| **CONTRACTOR HSW INDUCTION FORM : AREAS CONTAINING HAZARDOUS CHEMICALS** |

**For contractors required to access an area containing hazardous chemicals,**

**an induction record is to be kept on file (hard/electronic) and retrievable on request.**

**(NB – This may be recorded in a laboratory/area specific log book.)**

This template will assist the Laboratory supervisor to ensure that the required HSW information has been provided.

This information may be provided one-on-one, or as a group. It requires a signature and a record to be kept.

The amount of detail and extent of information/instruction/training required will depend on the nature of the hazards

associated with the work activity to minimise the risk of exposure.

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| **Name of contractor**  **(print)** |  | **Name of contractor’s**  **employer** |
| **Location** |  | |

**Laboratory/area supervisor to explain to the contractor(s):**

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| --- | --- | --- | --- |
| **Local health and safety information** | | | |
|  | The nature and location of laboratory/area specific hazardous chemicals in the area of work. | | |
|  | Access requirements including if the area is unattended | | |
|  | The laboratory/area rules including:   * To discuss any potential contamination to the research or to the worker and the control measures * Any specific requirements for supervision whilst in the lab (e.g. in a HF lab, radiation store). * To cover any open skin wound(s) * To wash your hands after completion of all work and on leaving the laboratory * Personal Protective Equipment (e.g. clothing, shoes, glasses) to be worn at all times when in the laboratory/area * To never eat or store food or drink in the laboratory/area or workshop * Requirement to keep aisles and exits free from obstructions and to maintain the security of the laboratory/area (where applicable) * Requirements for any spills (including reporting to the Laboratory/area Supervisor) * Requirements to keep access to all emergency equipment (e.g. fire extinguishers, first aid kits, chemical spill kits, emergency shower and eye washes free from obstruction | | |
|  | The names of key health and safety personnel (as applicable) or who to contact in an emergency/incident and their contact details | | |
|  | Local emergency contact | [Name] | Contact no |
|  | Security | Emergency contact no: 831 35444 | Available 24hrs per day x 7 days pw |
| **Emergency alarm(s)** | | | |
|  | Procedure(s) on hearing an alarm in the laboratory/area  e.g. Fire (single alarm or Beep.Beep.Whoop.Whoop), duress alarm, gas alarm etc. | | |
| **Other (Please add additional local area HSW information if applicable)** | | | |
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| **Signature of Contractor** |  | **/ /** |
| **Name of person conducting the induction**  **i.e. Laboratory/area Supervisor** |  | Date of completion |
| **Signature of Laboratory/area Supervisor** |  |  |

***Please return the completed induction form to the University Contract/Project Manager if this***

***induction is not recorded in a University laboratory/area specific log book.***