

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.

Name of contractor (print)		Name of contractor's employer
Location		

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

Local health and safety information			
<input type="checkbox"/>		The nature and location of laboratory/area specific hazardous chemicals in the area of work.	
<input type="checkbox"/>		Access requirements including if the area is unattended	
<input type="checkbox"/>		The laboratory/area rules including: <ul style="list-style-type: none"> <input type="checkbox"/> To discuss any potential contamination to the research or to the worker and the control measures <input type="checkbox"/> Any specific requirements for supervision whilst in the lab (e.g. in a HF lab, radiation store). <input type="checkbox"/> To cover any open skin wound(s) <input type="checkbox"/> To wash your hands after completion of all work and on leaving the laboratory <input type="checkbox"/> Personal Protective Equipment (e.g. clothing, shoes, glasses) to be worn at all times when in the laboratory/area <input type="checkbox"/> To never eat or store food or drink in the laboratory/area or workshop <input type="checkbox"/> Requirement to keep aisles and exits free from obstructions and to maintain the security of the laboratory/area (where applicable) <input type="checkbox"/> Requirements for any spills (including reporting to the Laboratory/area Supervisor) <input type="checkbox"/> 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) 	
<input type="checkbox"/>		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)			
<input type="checkbox"/>		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)			
<input type="checkbox"/>			

Signature of Contractor	
Name of person conducting the induction i.e. Laboratory/area Supervisor	
Signature of Laboratory/area Supervisor	

/ /
Date of completion

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.