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| **Access to Lab & Makerspace Orientation Checklist**  *School of Engineering & Materials Science* | |
| **Lab & Makerspace Access Pre-requisites** | **Shown** |
| **Health & Safety Induction Course**  *General safety induction + Lab safety Induction + Fire Safety Awareness Training.* |  |
| **Risk assessments**  *Approved risk assessment(s).* |  |
| **If above criteria not met, lab user must leave and return when completed** |  |
| **Lab & Makerspace Orientation Information** | **Received** |
| **Technical contacts within the school and lab**  *Technicians based in the area, Safety Coordinators, First Aiders* |  |
| **Incident management and reporting**  *What to do in the event of an incident and how to report it* |  |
| **First aid**  *Location of first aid boxes, how to summon a first aider.* |  |
| **Fire safety**  *How to raise the alarm, what to do upon hearing a fire alarm, fire assembly points, Personal Emergency Evacuation Plans (PEEP), fire extinguishers, local fire marshals.* |  |
| **Other emergency procedures**  *Firetrace system, Hazardous spills, threats, O2 depletion.* |  |
| **PPE**  *Lab coats, safety glasses and lab glove info. Employee Eye Care Scheme from HSD.* |  |
| **Waste Management**  *How and where to dispose of different waste streams.* |  |
| **Lone working**  *School and QM-wide policies, Risk assessment, Emergency contact details and means of communication available.* |  |
| **New and expectant mothers**  *Notification of pregnancy, Risk assessment process, School and QM-wide guidance.* |  |
| **Young persons**  *Children of staff members of University premises.* |  |
| **Work equipment and welfare facilities**  *Portable Appliance Testing, Personal equipment not be used on University premises.* |  |
| By signing my name, I certify that I have received the above information. My signature also certifies my understanding of the information provided.  Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |