

Visitor (short term) Safety Induction Checklist

This form represents part of your safety induction process as a short-term visitor. It is the responsibility of the PI/supervisor/line manager, to ensure that it is fully discussed, understood, and completed with you. If any section is 'Not Applicable', N/A should be written in the appropriate right-hand "Comments" box.

	Date	Completed by	Comments
Check that the new starter has access to the online Departmental Safety Handbook .			
Check familiarisation with Part 1 which is mandatory for all departmental visitors. Identify relevant guidance & information in Part 2, as relevant , for more specific areas of research.			
Provide new starter with safety glasses , as appropriate.			
Draw attention to the H & S policy and ensure the new starter understands their personal responsibility for safety.			
Provide a copy of the most recent Laboratory Group Management & Safety Plan and instruct to read as appropriate. <i>NB: Please read through this document before signing.</i>			
Provide instruction about Fire Discovery and the Evacuation Drill , to include details about alarm testing (day/time).			
Advise the procedure for summoning a First Aider .			
Explain the procedure for hazard notification and emergency procedures .			
Advise the procedure for reporting accidents and near-misses .			
Point out any inherent safety features and safety issues to be aware of in the work area.			
Explain the need for 'Safe Operating Procedures' and 'Good Housekeeping'.			
Explain local waste disposal procedures and provide details about segregation of waste .			
Advise where food and drink can and cannot be consumed.			
Advise where smoking/vaping is permitted.			
Discuss the issue and use of the Mifare security card , keys, etc.			

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Explain the departmental rules about out of hours working .			
Show location of Risk Assessments and method statements, protocols or safe operating procedures , and check these are read as appropriate.			
Show location of any Safety Data Sheets , and check these are read as appropriate.			
Advise the name and location of the Safety Representative .			
Advise the name and location of the Departmental Safety Officer and Safety Technician .			

Surname: First name:

Start Date:..... End Date:.....

Emergency contact name:

Emergency contact phone number:

Do you have any health condition(s) and/or disability which may affect your visit/work in the Department? Yes/No

If 'Yes' **please DO NOT put any further health details on this form.** Instead, please share the nature of your health condition/disability if you are comfortable, with your host academic. Where appropriate this should be done as soon as possible.

Department host/research group:

Confirmation of Safety Induction provided

- I can confirm I have received the safety induction.

Signature of visitor: Date:.....

- I can confirm the above named visitor has undertaken the safety induction.

Full name of departmental host providing Safety Induction (PRINT):

..... Crsid:

Signature of host: Date:.....

PLEASE NOTE:

1. All visitors **must** be provided with a pair of safety glasses when visiting laboratory areas.
2. You **MUST NOT** commence any experimental work, UNTIL this form has been completed and returned to Reception (reception@ch.cam.ac.uk) on your first day in the Department.
3. It is expected that any work-specific Health & Safety induction will be arranged directly by your PI/supervisor.

University Data Protection policy 

Departmental Safety Handbook 