

# APPENDIX 7

## HEALTH & SAFETY INDUCTION AND CONTINUATION TRAINING RECORDS

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*The following may be adopted, at a local level, as part of the personal training records for all new members of staff, students engaging in work within University of Edinburgh buildings located on the Edinburgh bioQuarter campus, and applied also to visiting researchers, and applied also to the continuation training records for other people working on the site.*

### University of Edinburgh College of Medicine & Veterinary Medicine Edinburgh bioQuarter

#### Health & Safety Induction

The University of Edinburgh's College of Medicine & Veterinary Medicine is committed to maintaining the highest standards in all aspects of health and safety; and, as part of this commitment, all new students and staff commencing work in the Edinburgh bioQuarter campus are required to complete this form. This should be seen as a first step to understanding the University Health and Safety Policy and arrangements specific to University buildings on the Edinburgh bioQuarter campus, and to help identify those areas where further training may be required.

Name ..... Post .....

Principal Investigator ..... Start Date .....

Have you:

1. Received a guided tour of your Centre (or equivalent) and the building(s) within which you will be working?

2. Received instructions on fire emergency drill and been shown the fire escape routes?

3. Been introduced to:

a.	Head of Centre/Department/Section	
b.	Senior laboratory manager for Centre (or equivalent)	
c.	Other laboratory managers	
d.	Laboratory Health & Safety Adviser(s)	
e.	Laboratory Waste Adviser	
f.	Radiation Protection Supervisor (RPS)	
g.	Biological Safety Officer (BSO)/GM Adviser	
h.	Security (to obtain relevant security passes)	
i.	Stores Manager	
j.	Work colleagues	

4. Been shown the contents and how to access the Edinburgh bioQuarter Buildings Safety Manual and all relevant local health and safety rules governing specific areas within which you will be working?

5. Been informed about first aid arrangements and incident/accident reporting procedures?

6. Been informed about waste management procedures?

7. Will your duties involve:

a.	Animal work (COSHH Health Passport system, mandatory prior training and Home Office Licence required)? Occupational health referral also essential.	
b.	Handling radioisotopes (Mandatory prior training and registration with RPS required)?	
c.	Work with genetically modified organisms (Mandatory prior training and registration with GMBSO required)?	
d.	Handling human blood and tissues (May require determination of Hepatitis B immune status <i>etc</i> , and possibly immunization)?	
e.	Work involving tissue culture (Requires prior training by local cell culture suite supervisor)?	
f.	Procedures covered by risk assessments (Requires endorsement of all relevant RA1, COSHH RA <i>etc</i> safe systems of work)?	
g.	Manual handling procedures (May require attendance on a manual handling operations safety training course)?	
h.	Work with display screen equipment and microscopes (Generally requires attendance on a display screen equipment safety training course)?	
j.	Late and/or lone working (Generally requires attendance on a late and lone working training course)?	
k.	Working with liquid nitrogen, including access to liquid nitrogen plant rooms (Mandatory prior training required)?	
l.	Working with compressed gases (Generally requires prior training)?	

Responsibility for ensuring that you are suitably qualified, trained and registered to carry out any or all of the above lies with your Principal Investigator. You should, in the first instance, discuss your requirements with that person. However, your local Health & Safety Adviser, other safety personnel and administrative staff, may also be consulted for guidance.

All new persons who have previously undertaken training in any or all of the above must still be assessed for competency (see Section 8 of the Safety Manual) before commencing these areas of work.

Signed ..... (New arrival) Date.....

Signed ..... (Principal Investigator) Date.....

**Please return a signed copy of this form to your Principal Investigator (usually within three days after completing induction training at local level), and lodge copies also with your Centre's GM Biological Safety Officer and/or Radiation Protection Supervisor as appropriate. A copy should be retained in your personal training record as evidence of completion of relevant health and safety training requirements.**

**University of Edinburgh**  
**College of Medicine & Veterinary Medicine**  
**Edinburgh bioQuarter**

**PERSONAL RISK ASSESSMENT/TRAINING RECORD**

*Version 5 (March 2022)*

**NAME OF WORKER:**

**PRINCIPAL INVESTIGATOR/SERVICE MANAGER:**

**LABORATORY/SERVICE:**

	Signature	Date
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<i>I have received and completed the UofE @ EbQ Health &amp; Safety induction form:</i>	.....	.....
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*I have been made aware of the contents and how to access:*

Safety Manual for UofE buildings in EbQ	.....	.....
Laboratory/Area Safety Handbook	.....	.....

*I have read the risk assessments and received training in the procedures relevant to the work I am to carry out, as specified below:*

Procedure	Signature	Date
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<b>Formal University Training Lectures:</b>	.....	.....
Introduction to Bio-Safety	.....	.....
Microbiological Safety Cabinets	.....	.....
Genetic Modification Safety Training	.....	.....
Transport of Biological Materials in the UK	.....	.....
University Radiation Safety Course (all relevant modules)	.....	.....
Principal Investigator Safety Awareness	.....	.....
Fire Safety Awareness	.....	.....
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.....	.....	.....
.....	.....	.....

<b>Laboratory-specific Risk/COSHH Assessments:</b>
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All relevant RA1 Risk Assessments for procedures	.....	.....
All relevant BA1 Risk Assessments	.....	.....

All relevant COSSH (HS1 And HS2) Risk Assessments	.....	.....
<b>Other risk assessments for specific procedures:</b>		
Late and lone working	.....	.....
Display screen equipment	.....	.....
Manual handling operations	.....	.....
Work with liquid nitrogen	.....	.....
Work with compressed gases	.....	.....
<b>GM Risk Assessments relevant to my work</b>	.....	.....



## SAFETY TRAINING RECORD FOR WORK INVOLVING BIOLOGICAL MATERIALS



SCHOOL	
DIVISION/UNIT	

PERSONAL DETAILS	
Name	
Position/Status	
Supervisor/Manager	

QUALIFICATIONS AND EXPERIENCE - <i>in particular include experience relevant to work with pathogens and genetically modified micro-organisms. Continue on separate sheet where necessary.</i>

TRAINING COURSES ATTENDED	Date attended
Provided by University Health and Safety Department Biosafety Unit - <i>Supervisor/manager to mark with a tick which courses to be attended.</i>	
An Introduction to Bio-Safety	
Safety Requirements for Work involving Genetic Modification	
Microbiological Safety Cabinets	
Transport of Biological Materials in the UK	
Other courses - <i>List any other biosafety related courses attended or to be attended and indicate who provides the course. Continue on separate sheet where necessary.</i>	

ADDITIONAL READING/INFORMATION	Date read
Provided by University Health and Safety Department Biosafety Unit - Available at <a href="http://www.ed.ac.uk/schools-departments/health-safety/biosafety/policy/links">http://www.ed.ac.uk/schools-departments/health-safety/biosafety/policy/links</a> and follow links. <i>Supervisor/manager to mark with a tick which documents to be read.</i>	
Good microbiological practice and containment	
Hazard grouping and containment requirements	
Preventing injuries from glass and sharps	
Microbiological safety cabinets	
Requirements under the COSHH Regulations for work with biological agents or materials that may contain these	
Requirements under the GM(CU) Regulations for genetic modification work	
Work with blood and human materials	
Work with naked DNA	
Tissue culture	
Work with animals	
Transport of biological materials	
Laboratory rules	
Standard operating procedures and protocols	
Disinfection and waste disposal procedures	
Procedures for dealing with accidents and incidents	

Risk assessments relating to work to be undertaken	
Other documents – <i>Supervisor/manager to list any other biosafety related documents to be read. Continue on separate sheet if necessary.</i>	

**ONE-TO-ONE INSTRUCTION/TRAINING & ASSESSMENT OF COMPETENCE FOR WORK AT CONTAINMENT LEVEL 1** - *As a minimum to include familiarisation with local rules and working practices, use of personal protective equipment (lab coat, gloves, eye protection), disinfection procedures, waste disposal procedures, accident and emergency procedures and discussion of relevant risk assessments.*

Provision of instruction and training in CL 1 procedures	Provider/trainer (Name and signature)	
	Start Date	
	Completed	

**This person has satisfactorily completed preliminary instruction and training in the correct procedures for work at CL 1 and is judged competent to work at this level.**

Approved by Supervisor/Manager	Name and signature		Date	
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**ONE-TO-ONE INSTRUCTION/TRAINING & ASSESSMENT OF COMPETENCE FOR WORK AT CONTAINMENT LEVEL 2** -*As a minimum to include familiarisation with local rules and working practices, use of personal protective equipment (lab coat, gloves, eye protection), use of microbiological safety cabinets, disinfection procedures, waste disposal procedures, accident and emergency procedures and discussion of relevant risk assessments, routes of infection and principles of containment.*

Provision of instruction and training in CL 2 procedures	Provider/trainer (Name and signature)	
	Start Date	
	Completed	

**This person has satisfactorily completed preliminary instruction and training in the correct procedures for work at CL 2 and is judged competent to work at this level.**

Approved by Supervisor/Manager	Name and signature		Date	
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**DECLARATION**

**I have read and understood the various documents listed above and Part 6 of the University Health and Safety Policy. I believe I have been given adequate information, instruction and training for me to be able to carry out my work safely. I will at all times follow the appropriate safety instructions outlined and adopt the safe working practices I have been shown. In the event of any situation arising where I am not sure about the appropriate control measures to take I will seek advice before proceeding. I will bring to the attention of my supervisor any concerns I have about safety related matters.**

Signed		Date	
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*Last reviewed/updated: 04<sup>th</sup> July, 2024*