

## Basic Health & Safety Training Checklist

Full Name of Trainee: \_\_\_\_\_  
(block capitals please)

Staff ID or Matric No: \_\_\_\_\_  
(if known)

Email: \_\_\_\_\_  
(if not on GroupWise)

Designation\* & Group: \_\_\_\_\_  
(block capitals please) \*For example: PhD Student, Honours Student, Visitor, Group Leader, Secretary.

Duration of Stay: \_\_\_\_\_  
(if less than 1 year)

Name of Trainer: \_\_\_\_\_  
(block capitals please)

| Topic  | Tick once completed |
|--|---------------------|
| 1. CLS H&S Induction Seminar                                   |                     |
| 2. Location of Fire Exits and Assembly Point                   |                     |
| 3. Location of Break-glass, Fire Blanket and Extinguishers     |                     |
| 4. Location of First Aid kit                                   |                     |
| 5. Emergency Telephone Numbers                                 |                     |
| 6. Location of safety shower and eye-wash station              |                     |
| 7. Personal Protective Equipment                               |                     |
| 8. Reporting Accidents and Incidents                           |                     |
| 9. Location of Local Hardcopy H&S Documentation                |                     |
| 10. General Waste Disposal Routes                              |                     |
| 11. Access to University Safety Services & Occupational Health |                     |
| 12. Access to CLS H&S Website & Risk Assessment Databases      |                     |
| 13. Lone & Out of Hours Working                                |                     |
| 14. Safe Working with Display Screen Equipment                 |                     |
| 15. Work Related Stress  |                     |
| 16. Access to NMR Corridor                                     |                     |
| 17. Gloves and Adverse Reactions                               |                     |
| 18. University No Smoking Policy                               |                     |

Date of Final Completion: \_\_\_\_\_

Signature of Trainee: \_\_\_\_\_

Signature of Trainer: \_\_\_\_\_

Please send a copy of the completed, signed form to the CLS Health & Safety Information Officer.