

### Laboratory Safety Training

Please discuss your safety training requirements with your supervisor. Select from the list below and add in any additional training required for you to perform your duties safely and efficiently. The training you require will depend on your experience, prior training and the nature of your work activities. Your training requirements may vary over time, and as your project develops. Please ensure you review your safety training requirements with your supervisor regularly.

### Prerequisites

This TNA must be completed in conjunction with the general TNA for 'All UQ Workers';  
<http://www.uq.edu.au/ohs/?page=168925>

### Equipment/Task specific training

Task specific training must be 'hands-on' and provided by the workers Supervisor (or a suitably qualified nominee). You must not use any laboratory equipment that you are not familiar with, and have not been trained to use. Always refer to the manufacturer's instruction manual and any locally developed SOPs (safe/Standard Operating Procedures) prior to the commencement of activities.

Equipment Training	Required ?	Task Specific Training	Required?
Autoclave	Yes /No	Working with hazardous chemicals e.g. toxic substances, carcinogens, flammable liquids, cytotoxic, corrosive materials	Yes /No
Centrifuge	Yes /No	Use of PPE specific to tasks	Yes /No
Fume Cupboard	Yes /No	Working with biological materials	Yes /No
Laminar Flow Cabinet	Yes /No	Working with Biosecurity Goods	Yes /No
Class II Biological Safety Cabinet	Yes /No	Safely washing laboratory glassware	Yes /No
Vacuum apparatus	Yes /No	Decanting and labelling of chemical substances	Yes /No
Stirring, shaking & mixing devices	Yes /No	Chemical waste management and disposal	Yes /No
Sample grinding & milling devices	Yes /No	Liquid nitrogen dispensing	Yes /No
Digesters	Yes /No	Working with Sharps	Yes /No
Extraction fans	Yes /No	Working with samples containing heavy materials	Yes /No
Air compressor hose	Yes /No	Working with radiation sources including; UV microwaves, radiation apparatus, radioactive substances	Yes /No
Analytical Balance	Yes /No	Animal handling	Yes /No

Heating devices	Yes /No	Working in cold rooms or temp control facility	Yes /No
Drying Ovens	Yes /No	Working with Scheduled drugs and poisons	Yes /No
-80 Freezers	Yes /No	Working with Compressed gases	Yes /No
Bunsen Burners	Yes /No	Clinical Waste Management	Yes /No
Working with Cages	Yes /No	Swaglok Training	Yes /No

Are you working with any of the following substances?	Yes /No
<ul style="list-style-type: none"> <li>• Lead • MOCA • Acrylonitrile • Asbestos • Benzene • Cadmium • Creosote • Crystalline Silica • Inorganic Arsenic • Inorganic Chromium • Inorganic Mercury • Isocyanates • Organophosphate Pesticides • Pentachlorophenol (PCP) • Polycyclic Aromatic Hydrocarbons (PCP) • Thallium • Vinyl Chloride</li> </ul>	
If yes please complete a Health Surveillance Form <a href="http://www.uq.edu.au/ohs/COMMUNICATIONS/2018/HEALTH-HealthSurveillance-ReferralForm.pdf">http://www.uq.edu.au/ohs/COMMUNICATIONS/2018/HEALTH-HealthSurveillance-ReferralForm.pdf</a>	
Are you working with any of the following Carcinogens?	Yes /No
<ul style="list-style-type: none"> <li>• 2-Acetylaminofluorene • Aflatoxins • 4-Aminodiphenyl • Benzidine</li> <li>• bis(Chloromethyl) ether • Chloromethyl methyl ether • 4-Dimethylaminoazobenzene • 2-Naphthylamine • 4-Nitrodiphenyl • Acrylonitrile • Benzene • Cyclophosphamide • 3,3'-Dichlorobenzidine • Diethyl sulfate • Dimethyl sulphate • Ethylene dibromide • 4,4'-Methylene bis(2-chloroaniline) MOCA • 3-Propiolactone • o-Toluidine • vinyl chloride monomer</li> </ul>	
If yes, please ensure your Supervisor has included your name on the list of persons working with these compounds. You must also ensure your local WHSC and/or the OH&S Division (Occupational Hygiene Adviser) have been notified	
Other Equipment and/or Task Specific Training requirements, as identified by Supervisor and Worker ...	

### Approvals

\*\* It is the responsibility of the Supervisor and Worker to ensure required safety training is undertaken \*\*

\*\* Please ensure equipment training is recorded in your local 'Equipment Training Register' \*\*

### Worker

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### Supervisor

Name & Signature: \_\_\_\_\_

Date: \_\_\_\_\_