

**Department of Engineering**

**Local Safety Induction**

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|  Name: | Supervisor /Host: |
| Start Date: | Laboratory or office where you will be working: |

**Local Safety Arrangements**

**It is the duty of your supervisor** to ensure you have received information, guidance and instruction about the following local arrangements:

* Fire exits, emergency procedures and assembly points.
* Security arrangements including access.
* Specific hazards associated with the work.
* Risk assessments and safe systems of work.

If your work involves the use of lasers, biological or radiation hazards then this work must be agreed with and signed off by the relevant specialist safety officer.

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| Laser Safety Officer Dr Tim Wilkinsontdw@eng.cam.ac.uk | LSO Signature | Date |
| Biological Safety OfficerDr. Michelle Oyenmlo29@cam.ac.uk | BSO Signature | Date |
| Radiation Safety OfficerDr. Geoff Parksgtp@eng.cam.ac.uk | RSO Signature | Date |

**Departmental Safety Induction**

All new staff (temporary, permanent, part or full-time) and visitors should attend a Departmental Safety Induction. This will include an explanation of the Health and Safety Policy, specific instructions such as fire precautions and evacuation procedures, the location of first aid facilities, and other safety arrangements and advice that is relevant to the work of the new employee/visitor. Email the Departmental Safety Officer, Ian Slack (is307@cam.ac.uk) if you have any health and safety questions or concerns.

Signature of Supervisor or Local Officer for Safety to confirm that you have had adequate supervision, information, instruction and training to undertake your work safely.

|  |  |
| --- | --- |
| Signature | Date |

Your signature to confirm that you have received the supervision, information, instruction and training to undertake your work safely.

|  |  |
| --- | --- |
| Signature | Date |

When completed, hand the form to the Safety Officer at the Safety Induction or send to the Departmental Safety Office, BN0-41, Baker Building, Trumpington Street.

Received by Departmental Safety Office

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| --- | --- |
| Signature | Date |