

<b>Worker Name:</b>		<b>Staff / Student No.:</b>	Not required
<b>Supervisor Name:</b>		<b>CMM Area:</b>	
<b>Induction Officer:</b>		<b>Induction Date:</b>	

<b>Responsibilities and Communication</b>			√ / na
1	I have been directed to a copy of the UQ HSW Policy statement and I am familiar with the UQ HSW Website. <a href="http://www.uq.edu.au/ohs/">http://www.uq.edu.au/ohs/</a>		
2	My OHS responsibilities have been discussed with me, and I agree to comply with requirements. <a href="http://www.uq.edu.au/ohs/?page=133956">http://www.uq.edu.au/ohs/?page=133956</a>		
3	<b>Supervisors and Managers.</b> The additional OHS responsibilities for supervisors (e.g of lab visitors) have been discussed with me, and I understand my legal and University due diligence obligations. <a href="https://ppl.app.uq.edu.au/content/2.10.04-staff-responsibilities-occupational-health-and-safety">https://ppl.app.uq.edu.au/content/2.10.04-staff-responsibilities-occupational-health-and-safety</a>		
4	I have been advised that specific Health and Safety Information for my CMM lab (work group) can be found at:		
5	I know that my local Work Health and Safety Manager/Coordinator (WHSC) is:		
6	I know that my local Work Health and Safety Representative (HSR) is:		
<b>Emergencies and First Aid</b>			√ / na
7	I have been advised of UQ emergency procedures and local building rules, and have been provided with a copy of 'UQ Emergency Procedures' card relevant to my location/site. <a href="http://www.pf.uq.edu.au/emerg.html">http://www.pf.uq.edu.au/emerg.html</a>		
8	I have been advised how to call for assistance in the event of any and ALL emergencies (e.g. fire, chemical spill, gas leak, medical emergency). The emergency contact and phone number for my site (St Lucia Campus) is:		
9	I know that my local Floor/Area Emergency Warden is:		
10	I have been shown the location of emergency equipment (fire extinguisher/hose), emergency exits, break- glass alarms, duress alarms, and the assembly meeting point/s during emergencies.		
11	The evacuation meeting point for my building is:		
12	I have been shown the location of the First Aid Kit and contact details for the First Aid Officer.		
13	In the event that I require First Aid assistance, I would contact:		
14	I am aware of the requirement to advise my supervisor of all workplace incidents, injuries and illnesses, and to complete a report on UQ Safe-Incident Reporting Database. <a href="http://www.uq.edu.au/ohs/?page=141331">http://www.uq.edu.au/ohs/?page=141331</a>		
15	<b>Students.</b> I have been advised that UQ has insurance policies for students (e.g. personal accident insurance), and have been referred to Finance and Business Services (FBS) for details. <a href="http://www.fbs.uq.edu.au/?page=136739">www.fbs.uq.edu.au/?page=136739</a>		

16	<b>Staff.</b> I have been advised that if I suffer a work related injury, I can lodge an application for compensation with Work Injury Management (HSW Division). I have been referred to a copy of the UQ Self-Insurance of Workers Compensation Booklet for details. <a href="http://www.uq.edu.au/ohs/?page=29905">http://www.uq.edu.au/ohs/?page=29905</a>	
<b>OHS Inductions and Training</b>		√ / na
17	I have completed and passed the UQ Online General Workplace Safety training module. I understand that refresher training is required every 5 years. <a href="http://www.uq.edu.au/ohs/?page=153556">http://www.uq.edu.au/ohs/?page=153556</a>	
18	I have completed and passed the UQ Online Annual Fire Safety Training module. I understand that refresher training is required annually. <a href="http://www.uq.edu.au/ohs/?page=153556">http://www.uq.edu.au/ohs/?page=153556</a>	
19	I have completed the 'UQ Training Needs Analysis' checklist with my CMM supervisor or WHSC, to identify any additional safety training required for my work at CMM. Copy submitted to WHSC. <a href="http://www.uq.edu.au/ohs/?page=168925">http://www.uq.edu.au/ohs/?page=168925</a>	
<b>Hazards and Risk Management</b>		√ / na
20	I agree to complete/review risk assessments relevant to my work (with assistance from my Supervisor, co- workers and other relevant persons e.g. WHSC, Laboratory Manager, Workshop Manager, HSW Division Specialist Adviser), prior to the commencement of those activities.	
21	I understand that I can be asked to stop work if I am working in an unsafe manner.	
22	Minimum dress standards for laboratories, glasshouses, animal houses, specialised facilities and field sites have been explained to me, and I have been advised how/where to obtain required PPE and clothing.	
23	I have been advised of the rules and procedures for out-of-hours work for my Organisational Unit / Work Group / Building / Facility and I agree to follow these procedures.	
24	I have been advised of the UQ Sustainability Program, including the UQ hazardous waste operating procedures. I agree to complete sustainability training relevant to my role at UQ. <a href="http://www.uq.edu.au/sustainability/training">http://www.uq.edu.au/sustainability/training</a>	
25	I have been made aware that some UQ buildings, structures, plant and equipment may contain asbestos, and referred to PPL 2.20.01 Asbestos Management, for additional information. <a href="http://ppl.app.uq.edu.au/content/2.20.01-asbestos-management">http://ppl.app.uq.edu.au/content/2.20.01-asbestos-management</a>	
26	Reporting requirements for workplace hazards have been discussed with me, and I know that hazards can be registered on the UQ Safe-Incident, the UQ online Incident reporting Database. <a href="http://www.uq.edu.au/ohs/?page=141331">http://www.uq.edu.au/ohs/?page=141331</a>	
27	In the event that I identify a workplace hazard (e.g. damaged equipment; slip or trip hazard) at CMM I would contact:	
<b>Ergonomics</b>		√ / na
28	<b>Computer Workstations.</b> I will be spending significant time working at a computer workstation, and I agree to complete the UQ Online 'Computer Workstations: Design and Adjustment' training module, to facilitate optimal posture during computer workstation tasks. <a href="http://www.uq.edu.au/ohs/?page=30233">http://www.uq.edu.au/ohs/?page=30233</a>	
29	<b>Manual Tasks.</b> Ways to prevent or minimise exposure to risk factors that can contribute to, or aggravate, work related musculoskeletal disorders associated with my work activities have been discussed with me.	
<b>UQ Wellness and Assistance Programs</b>		√ / na
30	I have been advised that the University actively supports a healthy work life balance by provision of a UQ Wellness Program, Staff Assistance Services Program, and Student Services Program. I have been advised that UQ has a dedicated Staff Support and Rehabilitation Advisor. <a href="http://www.hr.uq.edu.au/?page=197068">http://www.hr.uq.edu.au/?page=197068</a>	

31	I have been advised that the University provides free and confidential counselling services through an external service provider. The Universities current Employee Assistance Program (EAP) provider is Benstar – 1300 360 364	
32	I have been advised of UQ's corporate Fitness Passport Program. Information at <a href="https://www.uq.edu.au/wellness-program/health-and-wellbeing/uq-fitness-passport-program">https://www.uq.edu.au/wellness-program/health-and-wellbeing/uq-fitness-passport-program</a>	
<b>Laboratory and Workshop Workers</b>		√ / na
33	I understand that I must attend a local, site specific facility induction with the CMM WHSC or local Lab Manager prior to obtaining access to (or commencing work in) any CMM laboratory.	
34	I understand that I must complete the UQ Laboratory Safety Induction module, prior to obtaining access to (or commencing work in) any UQ Laboratory	
35	The Laboratory Manager is:	
<b>Chemical Safety</b>		√ / na
36	Prior to working with chemicals, I agree to complete the UQ Online Chemical Safety training module. <a href="http://www.uq.edu.au/ohs/?page=153556">http://www.uq.edu.au/ohs/?page=153556</a>	
37	Prior to working with compressed gases, I agree to complete the UQ Online Compressed Gases Safety training module. <a href="http://www.uq.edu.au/ohs/?page=153556">http://www.uq.edu.au/ohs/?page=153556</a>	
38	I have been shown how to access Chemwatch for chemical safety information and Safety Data Sheets (SDS).	
39	I am aware that I must conduct a chemical risk assessment on the UQ Risk Management Database prior to commencing new work with chemicals.	
40	<b>Heavy Metals</b> (Sch 14) I will be working with Heavy Metals and/or Schedule 14 Substances <b>in significant quantities</b> , and I understand that health surveillance may be required. I have been referred to my WHSC and/or the UQ HSW Division (Occupational Health Nurse Adviser) for advice and assessment. (e.g. Lead; Acrylonitrile; Arsenic; Benzene; Cadmium; Chromium; Silica; Isocyanates; Mercury; OP's; PAH; Thallium; Vinyl chloride; etc.)	
41	<b>Prohibited and Restricted Carcinogens</b> (Sch 10.1 & 10.2) I will be working with carcinogens that require an authority / permit from WHS Qld. I have been referred to my WHSC and/or the UQ HSW Division (Occupational Hygiene Adviser) to ensure appropriate training is undertaken and authority granted.(E.g. Benzene; Cyclophosphamide; Acrylonitrile; o-Toluidine; etc.)	
<b>Animal Workers</b>		√ / na
42	I have discussed existing health and allergy conditions which may be exacerbated by working with animals with my supervisor, so that my specific health and safety needs can be accommodated. I have been advised that the UQ HSW Division (Health Nurse Adviser) can be contacted for confidential advice.	na
43	I have reviewed the PPL 2.60.12 Health Surveillance for Laboratory Animal Allergy guideline, and I agree to follow the safety advice provided in this document <a href="http://ppl.app.uq.edu.au/content/2.60.12-health-surveillance-laboratory-animal-allergy">http://ppl.app.uq.edu.au/content/2.60.12-health-surveillance-laboratory-animal-allergy</a>	na
44	Prior to working with animals, I understand that I must complete animal ethics and animal handling training.	na
45	<b>Vaccinations / Health Surveillance.</b> I understand that vaccinations and/or health surveillance may be required if I will be working with animals, and that the UQ Health Surveillance program is managed by the UQ HSW Division (Health Nurse Adviser). I will seek advice from my Supervisor and local WHSC.	na

Radiation and Laser Safety		√ / na
46	<b>Radiation.</b> I understand that if I need to use radioisotopes or analytical X-rays in my work I will need to obtain a user licence issued by Queensland Health. I will seek advice from my Radiation Safety Officer (RSO).	
47	<b>Lasers.</b> I understand that if I will be working with Class 3 or greater lasers (e.g. some confocal microscopes), specific safety controls will need to be implemented. I will seek advice from my Laser Safety Officer (LSO).	na
48	<b>Health Monitoring.</b> I will be working with Radiation and/or Lasers and I have been referred to my local RSO / LSO for advice and assessment for radiation exposure monitoring.	
49	My local Radiation Safety Officer(RSO) and/or Laser Safety Officer (LSO) is/are:	
Biological Hazards		√ / na
50	Before starting work on Biologicals or within an OGTR certified facility (PC1, PC2 or PC3), I understand that I must complete the UQ Online Biosafety training module, and agree to do so. I understand that refresher training is required every 2 years. <a href="http://www.uq.edu.au/ohs/?page=153556">http://www.uq.edu.au/ohs/?page=153556</a>	
51	Before starting work with imported Biosecurity (quarantine) material, I understand that I must complete specific training, and agree to do so.	na
Off campus and Field Workers		√ / na
52	I agree to complete the UQ online Field Work Safety training module prior to commencing field work. <a href="http://www.uq.edu.au/ohs/?page=153556">http://www.uq.edu.au/ohs/?page=153556</a>	na
53	I agree to review PPL 2.30.09 Work Off-Campus Safety prior to participating in field work activities, and will follow the safety advice provided. <a href="http://ppl.app.uq.edu.au/content/2.30.09-work-campus-safety">http://ppl.app.uq.edu.au/content/2.30.09-work-campus-safety</a>	na
54	I am aware that I need to complete/review a risk assessment prior to engaging in field work activities, and that travel must be approved via the UQ Travel Site. <a href="http://www.fbs.uq.edu.au/travel-at-uq">http://www.fbs.uq.edu.au/travel-at-uq</a>	na
55	I am aware that I may be required to submit a "Fieldwork & Work Off-Campus Plan" for approval prior to undertaking field work at remote or isolated sites. <a href="http://www.uq.edu.au/ohs/index.html?page=133850">http://www.uq.edu.au/ohs/index.html?page=133850</a>	na
Health and Health Surveillance		√ / na
56	<b>A)</b> I have discussed existing health conditions (e.g. allergies, chemical sensitivities) – relevant to my CMM work – with my CMM supervisor/WHSC, so that my specific health and safety needs can be accommodated. <b>B)</b> I have been advised that the UQ HSW Division (Occupational Health Nurse Adviser) can be contacted for confidential advice.	A) B)
57	<b>Pregnancy.</b> I understand that I might be at higher risk from exposure to certain conditions, chemicals, cytotoxics, biologicals and/or radiation hazards if I am <b>pregnant</b> or trying to fall <b>pregnant</b> and that additional safety precautions may need to be followed. IF YES - I understand that confidential advice in relation to this matter can be obtained from the UQ HSW Division (Occupational Health Nurse Adviser).	
58	<b>Noise.</b> My supervisor has advised that I may be exposed to noise sources at work which could affect my hearing. It has been explained to me that hearing tests are required for workers exposed to excessive noise in their work. I have been referred to my WHSC and/or the UQ HSW Division (Occupational Health Nurse Adviser) for advice and assessment.	na
59	<b>Vaccinations / Immunisation.</b> It has been explained to me that vaccinations / immunisations may be required if I will be participating in certain activities (e.g. overseas travel; undertaking field work; working with animals; working in patient clinics/medical facilities; working with blood, body fluids or biological agents). I have been referred to my WHSC and/or the UQ HSW Division (Occupational Health Nurse Adviser) for advice	na

## Signatures

Worker Name

Signature:

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

CMM Induction Officer Name:

Signature:

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

**\*\* To be completed within 1 week of commencement \*\***  
**\*\* Please return completed checklist to your Induction Officer\*\***  
**Unsupervised access will not be granted until induction  
completed**