# Safety Induction Certificate

The new starter and their supervisor should complete this form together.

The supervisor should initial each of the boxes covered or indicate not applicable where appropriate.

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| Supervisor  Initial or N/A |  |
| School Safety Induction This section is covered in the School introduction to safety course but you should go through this to make sure the points are understood and discussed in the context of the working environment. | |
|  | Explanation of personal responsibility for safe working practices |
|  | School Safety page as and information source |
|  | Other information sources: SEPS, HSE, Home office |
|  | Building security and personal safety |
|  | Working hours and lone working |
|  | Reporting of accidents and dangerous occurrences |
|  | Compressed gas and cylinder hazards on handling transportation and use |
|  | Electrical shock hazards |
| Local Hazard Induction | |
|  | Storage and management of flammable substances |
|  | Storage, management and safe use of pyrophoric substances |
|  | COSHH: chemical, biological, GM risk assessments |
|  | Waste disposal, management and storage: solvent waste; sharps waste; glass waste; other chemical waste. |
|  | New starter issued with PPE and instructed in its use |
| Local Emergency Action | |
|  | Evacuation route |
|  | Location of fire-fighting equipment |
|  | Location of emergency call points |
|  | Location of first aid kit |
|  | Location of list of first aid contact details |
|  | Emergency procedures |
| COVID 19 | |
|  | University COVID-19 Induction |
|  | Local COVID-19 measures |

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| **I CERTIFY THAT I HAVE INDUCTED THE NEW STARTER IN THE AREAS INDICATED ABOVE** | **I CERTIFY THAT I HAVE BEEN INDUCTED IN THE AREAS INDICATED ABOVE** |
| Supervisor name:  Date:  Signature: | New starter name:  Date:  Signature: |