



Safety Training Record for work involving Biological Materials

SCHOOL	
DIVISION/UNIT	

PERSONAL DETAILS	
Name	
Position/Status	
Supervisor/Manager	

QUALIFICATIONS AND EXPERIENCE - <i>in particular include experience relevant to work with pathogens and genetically modified micro-organisms. Continue on separate sheet where necessary.</i>

TRAINING COURSES ATTENDED	Date attended
Provided by University Health and Safety Department Biosafety Unit <i>- supervisor/manager to mark with a tick which courses to be attended.</i>	
An Introduction to Biosafety	√
Safety Requirements for Work involving Genetic Modification	
Microbiological Safety Cabinets	
Transport of Biological Materials in the UK	
Other courses - <i>list any other biosafety related courses attended or to be attended and indicate who provides the course. Continue on separate sheet where necessary.</i>	

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ADDITIONAL READING/INFORMATION	Date read
Provided by University Health and Safety Department Biosafety Unit Available at http://www.safety.ed.ac.uk/resources/Bio/Guidance/Index.shtm and follow links. <i>Supervisor/manager to mark with a tick which documents to be read.</i>	
Good microbiological practice and containment	√
Hazard grouping and containment requirements	√
Preventing injuries from glass and sharps	√
Microbiological safety cabinets	
Requirements under the COSHH Regulations for work with biological agents or materials that may contain these	√
Requirements under the GM(CU) Regulations for genetic modification work	
Work with blood and human materials	
Work with naked DNA	
Tissue culture	
Work with animals	
Transport of biological materials	

ADDITIONAL READING/INFORMATION continued	Date read
Provided by School, Division/Unit or Lab	
Laboratory rules	√
Standard operating procedures and protocols	√
Disinfection and waste disposal procedures	√
Procedures for dealing with accidents and incidents	√

Risk assessments relating to work to be undertaken	√	
Other documents – <i>supervisor/manager to list any other biosafety related documents to be read. Continue on separate sheet where necessary.</i>		

ONE TO ONE INSTRUCTION/TRAINING & ASSESSMENT OF COMPETENCE FOR WORK AT CONTAINMENT LEVEL 1 - *as a minimum to include familiarisation with local rules and working practices, use of personal protective equipment (lab coat, gloves, eye protection), disinfection procedures, waste disposal procedures, accident and emergency procedures and discussion of relevant risk assessments.*

Provision of instruction and training in CL 1 procedures	Provider/trainer (name and signature)			
	Start Date			
	Completed			
This person has satisfactorily completed preliminary instruction and training in the correct procedures for work at CL 1 and is judged competent to work at this level.				
Approved by Supervisor/Manager	Name and signature		Date	

ONE TO ONE INSTRUCTION/TRAINING & ASSESSMENT OF COMPETENCE FOR WORK AT CONTAINMENT LEVEL 2 - *as a minimum to include familiarisation with local rules and working practices, use of personal protective equipment (lab coat, gloves, eye protection), use of microbiological safety cabinets, disinfection procedures, waste disposal procedures, accident and emergency procedures and discussion of relevant risk assessments, routes of infection and principles of containment.*

Provision of instruction and training in CL 2 procedures	Provider/trainer (name and signature)			
	Start Date			
	Completed			
This person has satisfactorily completed preliminary instruction and training in the correct procedures for work at CL 2 and is judged competent to work at this level.				
Approved by Supervisor/Manager	Name and signature		Date	

DECLARATION

I have read and understood the various documents listed above and Part 6 of the University Health and Safety Policy. I believe I have been given adequate information, instruction and training for me to be able to carry out my work safely. I will at all times follow the appropriate safety instructions outlined and adopt the safe working practices I have been shown. In the event of any situation arising where I am not sure about the appropriate control measures to take I will seek advice before proceeding. I will bring to the attention of my supervisor any concerns I have about safety related matters.

Signed

Date