**PERSONAL SAFETY TRAINING RECORD**

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| --- | --- |
| Lab user’s name and email address: |  |
| Principle Investigator in charge of lab safety: |  |

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| **COURSES/TOPIC** | **Date** | **Trainer’s name & signature – or indicate provider e.g. Safety Office** | **Trainee’s signature** |
| **1 - COMPULSORY** | Lab induction (Personal Risk Assessment) |  | Principle Investigator:Record kept by Admin |  |
| Departmental Safety Talk |  | Attendance recorded by Admin |  |
| HF safety Talk (if working with HF) |  | Attendance recorded by C Foldbjerg Holdway |  |
| **2 – Lab/Job Specific – training on** specific equipment/procedures in place of work(as identified in risk assessments) |  |  |  |  |
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| **3 – Others**: e.g. Safety Office courses, First Aid training, etc (as identified in risk assessments) |  |  |  |  |
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| **COURSES/TOPIC** | **Date** | **Trainer’s name & signature – or indicate provider e.g. Safety Office** | **Trainee’s signature** |
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