



# Flinders University Omics Facility

College of Medicine and Public Health

Flinders Medical Centre, Room 4E432 Ph: (08) 8204 6103  
Flinders Drive, Bedford Park SA 5042 Email: Omics.Facility@flinders.edu.au



Note: This form is for users within FMC who have already been inducted in their own area.

## Work Health and Safety Induction Checklist

Name:..... Position/Department:.....Date:.....

### Emergency and First Aid Procedures

To be completed for ALL inductees

✓  
when done

|   |   |
|---|---|
| Advised of alarms & <a href="#">procedures</a> for emergency evacuation and location of assembly area for all relevant work areas |   |
| Shown location of emergency exits and fire extinguishers  |   |
| Informed of area Emergency Warden   |   |
| Advised of <a href="#">first aid</a> procedures   | Location of<br>- first aider.....<br>- first aid kit.....                                     |
| Informed of Security procedures for site, including:  | - access to workplace<br>- restriction of entry to unauthorized people<br>- afterhours access |

### Laboratory

Yes

N/A

(Complete if applicable)

|   |                |  |
|---|----------------|--|
| Described safe use of chemicals, including storage, use, labelling & disposal   |                |  |
| Shown location of and described use of Personal Protective Equipment (PPE), including mandatory closed shoe requirement |                |  |
| Shown location and explained use of emergency eyewash and shower  | Location:..... |  |
| Explained emergency electricity & gas shut down procedures (if available)   | Location:..... |  |
| Explained use and location of chemical spill kit  | Location:..... |  |
| Shown location of Faculty <a href="#">Laboratory Safety Manual</a>  |                |  |

### SIGN OFF

- Supervisor to retain signed document
- Copy to be provided to inductee for ongoing reference

*I have received and completed the WHS Induction Process.*

*I commit to working in a safe manner that protects my own health and safety and that of others.*

|            | Name | Signature | Date |
|------------|------|-----------|------|
| Inductee   |      |           |      |
| Supervisor |      |           |      |