**University Occupational Health and Safety Form**

**Training and competency record FOR *THE SAFE USE OF MICROBIOLOGICAL SAFETY CABINETS (mscS)***

Trainees must already have undergone the Departmental Safety Induction and must be familiar with the Departmental Safety Regulations. Training should be carried out by the PI in charge of the project or a competent person designated by the PI. New workers will be directly supervised until judged by the PI to be competent to work independently and the worker has acknowledged that they are confident to do so. Details of the training carried out are shown in the table below.

|  |  |  |
| --- | --- | --- |
|  | **Description** | **Completed**(please initial) |
|  |  | **Supervisor** | **Trainee** |
| ***Safe Use of MSCs*** | * *Read, understand the document ‘Safe use of Microbiological Safety Cabinets’.*
 |  |  |
| * *Read, understand and sign COSHH forms and Risk assessments for the project.*
 |  |  |
| ***Working in a Class II MSC.*** | * *Airflow in the Class II MSC and how it protects the user.*
* *Techniques to avoid disruption of airflow.*
* *Operation and function of all controls and indicators.*
* *Working safely with a class II MSC.*
* *Sterile technique.*
* *Decontamination of the MSC after use*
* *PPE to wear.*
 |  |  |
| ***Restrictions on the use of MSCs*** | * *Adequate knowledge of what materials can/cannot be used within an MSC.*
* *Adequate knowledge of what equipment can be/cannot be used within an MSC.*
 |  |  |
| ***Treatment and disposal of waste*** | * *Chemical inactivation.*
* *Autoclaving and disposal of clinical waste.*
 |  |  |
| ***Emergency procedures*** | * *Dealing with spillages in the MSC.*
* *Emergency contact.*
 |  |  |
| ***Maintenance of laboratory*** | * *General housekeeping responsibilities.*
 |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Principle Investigator acknowledgement of training and competency**

The below named person has been given the required training and is competent to work carry out the work as detailed in the record. **To be filled out by the Principal Investigator.**

|  |  |
| --- | --- |
| **Name** | *Name of trainee* |
| **Location(s) of work** |  |
| **Principal Investigator** | *Please print name* | *Please sign name* |
| **Date** |  |

**Trainee acknowledgement of training and competency**

I acknowledge that I have been trained in \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and I am confident to work independently. I also agree to help maintain the laboratory *and I understand that I can be excluded from the laboratory if I fail to follow the safety regulations (2 warnings will be given before exclusion)*. **To be filled out by the trainee.**

|  |  |
| --- | --- |
| **Name** |  |
| **Date** |  |
| **Signature** |  |

***Record of warnings issued***

***To be filled in by the Principal Investigator.***

|  |  |
| --- | --- |
|  | ***Please initial*** |
|  | ***Reason for warning/exclusion*** | ***Date*** | ***Supervisor*** | ***Trainee*** |
| ***Warning 1*** |  |  |  |  |
| ***Warning 2*** |  |  |  |  |
| ***Warning 3*** |  |  |  |  |
| ***Exclusion*** |  |  |  |  |
| ***Details of corrective action taken*** |  |  |  |  |