

Faculty of Science - Safety Orientation Training

Record of attendance and Assessment Form

Section I – Research Particulars

1	Name of Researcher	
2	Matric/Staff Number	
3	Contact No	
4	E-mail	
5	Department	
6	Course and year of study (Student)	
7	Name of Principal Investigator	
8	Name and Location of Lab	
9	Name of proposed Research Project	
10	Brief Description of Experiments involved
11	Agents or Equipment involved in your proposed study	<u>Chemicals/Bio/Radiation Agents or Irradiating Equipments</u>>>>>>>.....
12	Do you need to go for any vaccinations or medical check ups

Section II – Emergency Contact Details

13	Contact Address in Singapore	13 Permanent Address

	Res Telephone No:	Residence Telephone No:
	Postal Code :	Postal Code :

15	Next of Kin Details	Name	
		Relationship	
		Address
		Residence Telephone No:
		Postal Code :
		Contact No	HP:, Off:

Section III – Safety Orientation Requirements

16	Faculty Orientation Training	
17	Department Safety Briefing	
18	Lab Safety Orientation (<i>complete the induction checklist</i>)	
19	Risk Assessment for the proposed research activity (complete at least one, reviewed and approved by PI)	
20	Other specific training identified	1. OSHE Training (<i>chemical/Bio/Radiation/Fire/Risk Assessment</i>) 2. Other training (please specify if any) _____
21	Floor register updated by fire warden	

DECLARATION

I have understood the rules, regulations and PPE requirements pertaining to my work in the laboratory. I will abide by all safety policies and put my outmost effort on safe practices during my work.

Signature: _____

Date: _____

Section IV - Review and Record Keeping by Laboratory Safety Lead

No	Description	Yes	No	Remarks
1	The student/staff has been briefed on the lab specific rules and requirements			
2	Completed the lab safety orientation and submitted the duly completed form for record keeping			
3	Prepared and submitted a completed and approved risk assessment form			
4	Lab Roles & Responsibility register and other relevant Safety Management System documents have been updated.			

Name: _____

Signature with Date: _____

Section V – Competency Assessment by Principal Investigator

The above mentioned student/staff has been nominated by the department to attend the Faculty Safety Orientation Training. As part of his/her safety assessment and certification, he/she has to undertake lab specific safety orientation, conduct a risk assessment for his/her experiments in the laboratory and submit to you for review and approval.

Appreciate your help in providing the feedback on his/her performance after the training by completing this form and submit to the safety office, Dean's office, Faculty of Science. Alternatively you can send a scan copy of this form to sciskp@nus.edu.sg

No	Description	Yes	No	Remarks
1	Has he/she completed and submitted risk assessments (at least one) for his/her own experiments in your laboratory?			
2	Has the risk assessment comprehensively covered different tasks in the experiment ?			
3	Are all foreseeable hazards identified for each task listed in the risk assessment?			
4	Has the risk assessment listed down all the possible ill health conditions caused by each hazard?			
5	Are all current control measures for each step listed?			
6	Is the risk level evaluated appropriately for each step?			
7	Are additional control measures identified, including the responsible person and timeline for completing the task?			
8	Are you satisfied with the risk assessment conducted by the candidate?			

She / He is found to be a competent / not yet competent (delete accordingly) to carry out the proposed research work and related experiments in the laboratory.

Any Other Remarks:.....

Name: _____ Signature with Date: _____