

ONBOARDING FORM CORE TECHNOLOGIES

SAFETY AWARENESS & TRAINING RECORD

All users of BCCHR Core Technologies and Services must

Confirm you have completed the following training:

- Completion of <u>New Worker Safety Orientation</u> and <u>Site-specific worker orientation</u>
- □ Completion of mandatory <u>training</u> for all UBC workers.
- □ Completion of <u>Lab specific training</u>, including knowledge of spill cart location, eye wash station, and emergency showers. (For the extensive list of all training available from UBC, please visit: <u>https://srs.ubc.ca/training/research-safety-training-courses/</u>)
- Read <u>UBC Health and Safety Policy</u> and <u>UBC Work Alone Policy</u>
- Read and follow UBC's <u>COVID safety rules</u>
- Awareness of <u>UBC Accident/Incident Reporting</u> System including <u>CAIRS form</u>

Confirm you have read and acknowledge the following:

GENERAL LABORATORY PRACTICES

- □ No food or drink is allowed in the laboratory
- \Box Appropriate use of personal protective equipment as needed.
- □ Use Calpendo to reserve any equipment/service before coming to use it.
- □ Keep work areas and equipment clean, disinfect when necessary, and report equipment issues promptly to the staff member.
- □ Correct disposal of sharps, chemicals, and biohazards as per general lab safety and waste management policies.
- □ Removal of data from shared computers in the Core Technologies after completion of experiments.
- Reminder: In case of emergency call 899 (Campus First Aid) and 2999 (Campus Security)

I confirm I have completed the above training and understand the policies and user expectations.

Print Nam	ne:
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_Signature*: _____

Lab Principal Investigator:

Role within the lab:

*E-signatures are acceptable.

Next, please review Page 2 with your supervisor (current), what all equipment you are permitted to receive training on.

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FOR LAB PRINCIPAL INVESTIGATOR ONLY:

Following equipment are currently available for training. Please *select all the equipment you approve your lab member to receive training on* **by a trained core staff member.**

BCCHR FLOW CYTOMETRY CORE:

- BD LSRII
- □ SYMPHONY
- □ FORTESSA
- □ CYTOFLEX
- OTHER.....

BCCHR IMAGING CORE:

- □ LEICA SP5 CONFOCAL
- □ BX61 OLYMPUS
- □ HIGH CONTENT IMAGER
- □ IMAGE ANALYSIS
- OTHER.....

BCCHR HISTOLOGY CORE:

- □ MICROTOME
- PARAFFIN EMBEDDER
- OTHER.....

(Please note that Cryostat training is currently unavailable)

FOR LAB PRINCIPAL INVESTIGATOR:

I support the following person from my lab to receive training on equipment(s) selected above.

Name of Lab member:_______Role within the lab: ______

Name of Lab Principal Investigator:

Signature of Lab Principal Investigator*:

*If you have multiple supervisors, please ensure you receive approval from each supervisor you are working with. It is the responsibility of the individual to request training permission from their supervisors prior to any training provided on equipment in the BCCHR Core Technologies and services. E-Signatures are acceptable.

Children's & Women's Health Centre of British Columbia Branch