

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

Confirm you have read and acknowledge the following:

GENERAL LABORATORY PRACTICES

- ☐ No food or drink is allowed in the laboratory
- ☐ 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 Name: _____ **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 or a core-approved person.***

BCCHR FLOW CYTOMETRY CORE (A4-143):

- | | |
|---|---|
| <input type="checkbox"/> BD SYMPHONY A5 | <input type="checkbox"/> BD SYMPHONY A1 |
| <input type="checkbox"/> BD FORTESSA X-20 | <input type="checkbox"/> CYTEK AURORA |
| <input type="checkbox"/> CYTOFLEX | |
| <input type="checkbox"/> OTHER:..... | |

BCCHR IMAGING CORE (A4-110):

- | | |
|---|---|
| <input type="checkbox"/> LEICA SP5 CONFOCAL | <input type="checkbox"/> KEYENCE X810 |
| <input type="checkbox"/> LEICA SP8 CONFOCAL | <input type="checkbox"/> AKOYA PHENOCYCLER 2.0 (A4-112) |
| <input type="checkbox"/> OLYMPUS BX61 | <input type="checkbox"/> IMAGE ANALYSIS: |
| <input type="checkbox"/> IMAGEXPRESS IXMC HC IMAGER | <input type="checkbox"/> OTHER:..... |

BCCHR HISTOLOGY CORE (A4-132/133):

- ☐ MICROTOME
- ☐ PARAFFIN EMBEDDER
- ☐ Cryostat (Variety 271, North Block 2034)
- ☐ OTHER:.....

BCCHR ACMaN CORE (Variety/TRB):

- | | |
|--|---|
| <input type="checkbox"/> FREEZE-DRYER | <input type="checkbox"/> BIOTEK PLATE READER |
| <input type="checkbox"/> MULTI-VAP (N2 EVAPORATOR) | <input type="checkbox"/> VARIOSKAN LUX (A5-126) |
| <input type="checkbox"/> SAVANT SPEEDVAC | <input type="checkbox"/> SEAHORSE (A4-124) |
| <input type="checkbox"/> PRO 250 HOMOGENIZER | <input type="checkbox"/> OTHER:..... |

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.*