

**TrACEES Equipment Induction**

Trainee name:

Training equipment: NMR

Training Request No.:

# Overview

This document serves as a checklist for training preparation, as well as a training record. The ***Trainee*** shall:

1) complete the below tasks prior to training;

2) print and bring this checklist together with relevant certificates and documents on the training day.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **For Trainee** (tasks prior to the training day) | | | | |
| **Occupational Health & Safety (OHS)** | Complete and Pass TrainMe - *Laboratory Safety course* | | | Clipboard |
| Complete and Pass TrainMe - *Personal Protective Equipment course* | | | Clipboard |
| Present the relevant completion certificates | | | Clipboard |
| **Pre-Training Reading** | The enclosed training documents (e.g. SOP) | | | Clipboard |
| Basic knowledge of the equipment/technique | | | Clipboard |
| Read and accept ***Roles and Responsibilities*** as Trainee and User | | Signature |  | |
|  | |  |  | |
| **For Instructor** (tasks on the training day) | | | | |
| **Check** | Trainees’ presented valid OHS certificates (TrainMe courses) | | | Clipboard |
| **Induction & Training** | Conduct inductions of the Laboratory and Equipment;  Provide relevant training according to the Training Program | | | Clipboard |
| **Assessment** | Set competency practical assessment for trainees | | | Clipboard |
| **Completion** | Acquisition of UniMelb username, and set up account in ICON or iLab booking system;  Discussion and Feedbacks | | | Clipboard |

# Official use only

|  |  |  |  |
| --- | --- | --- | --- |
| **Training date** |  | Competent ( ) / Not yet competent ( ) | |
| **Next training if NYC** |  | Feedback provided | Yes / No |
| **Instructor** |  | Signature |  |

Useful information and website link: