## ITEE OHS Induction Record –Tutor

Year	Room #	Lab Supervisor
Semester	Course	Signature

I acknowledge that I have received *General Safety* and *Emergency Procedure* training at a Tutor training session with regard to my present appointment.

I acknowledge that I have received *Safety Training Specific to the Laboratory* in which I will be conducting my tutoring by the above Lab Supervisor.

I acknowledge that I have been advised by the above Lab Supervisor of University requirements regarding *Risk Management & Assessment* and fully understand my obligations in this regard.

Nome	Cianatura	Ctudont#	Doto
Name	Signature	Student#	Date

Please return to Engineering & Technical Support Manager immediately upon completion Copies to : School WHSO (Email PDF)