ITEE OHS Induction Record – U/Grad

Year		**Room #**				**Lab Supervisor**	
Semester		**Course**				**Signature**	

I acknowledge that I have received *General Safety* and *Emergency Procedure* training at a Faculty or School undergraduate induction.

I acknowledge that I have received *Safety Training Specific to the Laboratory* in which I will be conducting my activities 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.

Name	Signature	Student#	Date

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