

# Additional Task Training Form (WQL)

CEE010

<b>NAME OF TASK</b>	
General WQL laboratory procedure training _____	
<b>DESCRIPTION OF TASK TRAINING</b>	
Pipette Use	<input type="checkbox"/> Done
Compressed gas bottle regulator operation	<input type="checkbox"/> Done
Acid bath handling and maintenance	<input type="checkbox"/> Done
Glassware washing machine operation	<input type="checkbox"/> Done
Autoclave operation and procedures	<input type="checkbox"/> Done
Precision balance use	<input type="checkbox"/> Done
<b>DOCUMENTATION</b>	
Is an instruction manual available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is a Safe Working Procedure written?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are Safety Data Sheets available?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>PLANT SAFETY</b>	
Is Personal Protective Equipment required for this task/process?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is equipment currently certified? e.g. electrically tested and tagged, lifting equipment certificate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is appropriate safety equipment fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are safety cut-out switches fitted?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<b>DECLARATION</b>	
The undersigned declare that they have received full training from Staff or Supplier, in the safe operation of the equipment listed above	
Trainee(s) _____	Date _____
The undersigned declare that they have given full training to _____ in the safe operation of the equipment listed above	
Trainer(s) _____	Date _____