Swansea University
Prifysgol Abertawe

HEALTH & SAFETY
IECHYD A DIOGELWCH

Biological Safety Policy Arrangements

HSA-10126

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Amendment Record

Revision	Date	Amendment(s)
0		Draft
1.0	April 2017	New written arrangements
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1. Scope

The standards set out in these arrangements are the minimum requirements for work with biological hazards at Swansea University. These arrangements are written in accordance with University Health and Safety Policy arrangements (HSA10100-01 Health and Safety Statement of Intent and HSA10100-02 Health, Safety, Resilience and sustainability policy part 2, organisation document).

All Faculties and PSUs are required to manage biological safety in accordance with these arrangements. It may be necessary in some areas to supplement these arrangements with a set of local rules for where highly specialised work is being carried out.

2. Legislative Context

The Control of Substances Hazardous to Health Regulations 2002 (as amended) (COSHH) are intended to protect against risks to health arising from exposure to hazardous substances, including biological agents. These are the principal regulations for biological hazards, but particular work activities can fall within the scope of more specific regulations outlined below.

Genetic Modification work is subject to regulation by the Genetic Modified Organisms (Contained Use) Regulations 2014 with some aspects being regulated by the Environmental Protection Act 1990, or if outside containment, the Genetically Modified Organisms (Deliberate Release) Regulations. Please refer to the working with Genetically Modified Organisms arrangement, HSA 10127 on the Staff H&S Pages or PG MyUni H&S Pages

The Anti-Terrorism, Crime and Security Act 2001(ATCSA) covers the security of certain pathogens and toxins, listed in Part 7 of Schedule 5 of the Act.

The Specified Animal Pathogens Order 2008 (SAPO) regulates use of certain animal pathogens to prevent the introduction and spread into Great Britain of specified animal pathogens. If introduced, these could cause serious disease and economic loss to the British livestock and poultry industries.

Plant health is regulated by the Food and Environmental Health Agency (FERA) that is part of DEFRA. Requirements are set out in the EU Plant Health Directive and implemented in Wales by the Plant Health Order (Wales) 2005 which requires control of invasive or non-native plant diseases and pests.

International regulations from the United Nations governing the transport of dangerous goods, including biological agents, are in place. There are specific regulations for postal, sea, road, rail and air transportation. The University recommends that the

International Air Transport Association (IATA) Dangerous Goods Regulations (DGR) are followed, as compliance with other transport regulations will then be met. The DGR are updated annually so shippers must ensure that they have access to current guidance.

The safe management of healthcare waste guidance outline the legal requirements and gives guidance on safe disposal of Healthcare waste, which is often known as clinical or biological waste in the University. Note that these regulations were written with a healthcare setting in mind and can require interpretation in a laboratory setting. Others such as the Hazardous Waste Regulations (England and Wales) 2005 also govern safe waste disposal.

3. Definition

To this policy, biological hazards include:

- Bacteria, viruses, fungi, prions and other single cell organisms as defined under.
- Control of Substances Hazardous Health 2002 and the Genetic Modification (Contained Use) 2014 regulations as relevant biological materials, whether genetically modified or not.
- All genetically modified organisms including large GM organisms (LGMOs), plants and animals.
- Any organisms or materials covered in the SAPO.
- Any organisms or materials covered by Schedule 5 of the ATCSA (pathogens and toxins).
- Licenced pathogens covered by the Public Health Agency.

4. Roles and Responsibilities

In addition to the roles and responsibilities set out in the Health, Safety, Resilience and Sustainability Policy HSA-10100-02, the following are required to manage biological safety in accordance with these arrangements:

4.1 Executive Dean of Faculty PVC, Directors of PSUs, Deputy Executive Dean, Directors of Faculty Operations, Associate Dean (Research Innovation and Impact) and Head of School

Are responsible for managing health and safety within their function. This includes ensuring adequate resources and appropriate measures are in place for the management of risks from activities involving hazardous biological agents or materials. They must have arrangements in place to ensure:

- Local management of biological safety meets the requirements as set out in these arrangements.

- Risk assessments are carried out prior to work starting and the work does not begin until approved by the Biological Hazards and GMO sub-committee.
- Containment level laboratory facilities are fit for purpose and maintained.
- Recommendations of all internal and external inspections are implemented.
- That a Faculty Biological Safety Officer (BSO) is appointed where biological work, any genetic modification work, SAPO licenced work or work covered by Schedule 5 of the ATCSA is undertaken.
- The Faculty BSO has occupational competence and academic qualification in the field, appropriate scientific and lab experience, time and resources to enable them to assist in undertaking the measures required to meet all the statutory provisions.
- New facilities and modifications are notified to the University Biological Hazards and Genetically Modified Organisms Sub-Committee for approval.

4.2 Principal Investigators (Academic leading a grant funded project) Supervisors, Research and Academic/ Teaching and Learning) and where appropriate the Supervisor of the Specific Research Activity

PIs and project supervisors are responsible for managing the health and safety of their research projects and ensuring all work with hazardous biological agents or materials meets the requirements of these policy arrangements and must ensure that:

- A suitable and sufficient assessment of risks is carried out for all activities involving biological hazards using University Biological Risk Assessment form available on Staff H&S Pages or PG MyUni H&S Pages.
- The assessment is approved, where necessary (at CL2 and above), by the Biological Hazards and Genetically Modified Organisms Sub-Committee ***before*** agents are acquired.
- Risk assessments are reviewed when changes to work are planned and that the appropriate University approval is obtained before the new work starts. Risk assessments should also be reviewed at least every year to ensure that they remain relevant and up to date.
- Keep records of risk assessment reviews and approvals and keep copies of all project assessments and approvals.
- Work with/ liaise with Faculty BSO(s) when required.
- All persons working under their supervision have received appropriate training and information, including awareness of risks, appropriate control measures to apply, waste and emergency procedures. All training records to be stored electronically and should be accessible.
- They provide or organise appropriate supervision to assess and monitor competence of persons under their control to work safely.
- All workers with biological hazards are enrolled on the occupational health surveillance programme where necessary see section 16.
- All workers with unscreened human blood, tissues or biofluids are recommended the Hepatitis B vaccine.

- That only appropriate containment level laboratory facilities are used for the work and that a good standard of housekeeping is maintained.
- All adverse events involving Biological materials including accidents and spillages are reported via the University online reporting system Report It and are required to assist the safety team in investigating these.
- If project falls under Human Tissue Act (HTA), must ensure all HTA procedures are adhered to.
- Carry out or ensure periodic inspections of biological work activities and lab space.
- Ensure all actions identified following internal and external inspections/ audits are implemented.
- Attend relevant training courses.

Please note additional requirements will apply to project supervisors of class 3 activities, please consult the UBSO for further information.

Members of staff who wish to acquire, or are responsible for use or storage of **any** material relating to pathogens or toxins listed in Schedule 5 of the Anti-Terrorism, Crime and Security Act 2001 must:

- **Not** commit to any work or sign any contracts until an assessment of the work and facilities has been completed by the Biological Safety Officer and the necessary approvals are in place.
- **Not** acquire any materials unless University, and if necessary, Home Office/ Counter terrorism security advisor (CTSA) approvals are in place.
- **Ensure** that all materials are used and stored in appropriate facilities with appropriate security systems. Advice must be sought from the University Security manager to ensure all Counter Terrorism Security Office requirements are met.
- **Keep** a secure inventory of all relevant material that falls within scope of Schedule 5 (number of vials, contents, concentration, etc.).
- **Not** loan or give any materials within scope of Schedule 5 to any other person or institution without the express approval of the University BSO, who will liaise with the relevant institution and the Home Office regarding proof of approval to work, etc.

4.3 Staff and Students

All staff and students working with biological material must ensure they:

- Are familiar with and understand the risk assessments that apply to their work and ensure that they stay within the project boundary.
- Follow the requirements of any local rules and safe operating procedures.

- Adopt safe practices with activities involving biological hazards material, including the principles of good microbiological/ laboratory practice.
- Wear the appropriate protective equipment and clothing.
- Comply with the requirement for occupational health clearance and surveillance, where appropriate.
- Dispose of waste in the specified manner, according to the Risk Assessment/ Local rules. Please see Waste management Guidance Notes.
- Report any incident, accident or defect in equipment relating to the handling of biological materials to PI/ Supervisor initially, the via the online reporting system.
- Co-operate with their supervisors, Faculty and HS&R team to monitor safety in the School/ Faculty.
- Attend the relevant training courses.
- Lab staff to carry out periodic inspections where required of biological work activities and lab space and implement any recommended actions accordingly.

Please note: Children under 16 years old are not permitted to work with any biological material unless as an approved outreach program and then only with Biohazard group one organisms.

Young persons (16-18 years old) may work with Hazard group one organisms in undergraduate practical sessions. They may also work with these in a research laboratory with an appropriate level of supervision. They may not work with hazard group 2 organisms.

4.4 Faculty Biological Safety Officers (BSO)

Faculty BSOs are appointed by Executive Dean of Faculty PVC. Their duties include:

- Represent the Faculty on consultation committees and contribute to the development and implementation of policies relating to biological hazards.
- Act as a competent person to provide advice to the Head of School/ Faculty and senior managers on the management of biological work.
- Act as the first point of contact for Faculty staff for information and advice on procedures, hazards and control measures relating to biological activities.
- Provide expert advice to the Biological Hazards and GMO Sub-Committee on risk assessment, classification and facilities.
- Advise staff on the development and review of risk assessments for biological work and to approve Hazard Group 1 risk assessment in conjunction with University Biological Safety Officer.
- Ensure that local rules for work with biological agents are in place and suitable.
- Participate in inspection programme within own Faculty, agree, report and monitor completion of actions within faculty (with the Faculty HS&R Advisor) and feed back to committee.

- Ensure adverse events involving biological are reported and assist with the investigation.
- Assist with the preparation and testing of emergency plans where required.
- Participate in visits by external regulators (e.g. HSE) as required.
- Attend relevant training courses.

4.5 Biological Hazards and GMO Sub-committee

The Biological Hazards and GMO sub-committee acts as the Genetic Modification Safety Committee for the University. The role of the committee is to monitor and review all Biological and GM work carried out at the University. The committee also contributes to the development of the Biological and GM safety arrangements.

The committee includes Faculty GM and Biological Safety officers and independent technical experts, who have experience of biological safety and an understanding of the relevant legislation and guidance.

4.6 University Biological Safety Officer (UBSO)

The role of University Biological Safety Officer is subsumed in the remit of the Scientific Safety Advisor in the HS&R team and overseas the biological safety management system at the University. Their duties include:

- Developing policy arrangements, standards and providing advice on local rules and systems of work with biological material.
- Advise on and approve class one risk assessments in conjunction with the appropriate Faculty BSO.
- Advise the Biological Hazards and GMO sub-committee on risk assessments for class 2 and higher work.
- Liaison with the relevant regulatory authorities, including carrying out any notifications required under the regulations.
- Maintain a register of all hazardous biological materials.
- Retain copies of all risk assessments, including risk assessments for closed projects.
- Advise on the referral of staff and students to Occupational Health for health clearance or surveillance when necessary.
- Monitoring and auditing Biological safety performance.
- Investigating adverse events involving Biological materials and the provision of advice on remedial actions.
- Advising Faculties and Estates & Facilities Management on the suitability of containment level facilities.
- Assist in the provision of suitable training for those involved in activities using Biological materials.
- Support the operation of the Biological Hazards and GMO sub-committee.

The UBSO has the authority to stop activities where the containment measures are considered insufficient to control the risks and refer issues to the appropriate Executive Dean of Faculty and the Biological Hazards and GMO sub-committee.

4.7 Faculty Health, Safety and Resilience Advisors

- Signpost information and advice on procedures, hazards and control measures relating to GM activities to staff and student.
- Participate in visits by external regulators (e.g. HSE) as required.
- Participate in audits and inspections and monitor completion of actions and escalation of outstanding actions when required.
- Assist tenant to complete the Organisation Document - Governance Arrangements: University Partnerships, Tenants, Collaborations, Subsidiaries and Spinouts HSA-10100-02b.

4.8 Occupational Health

The Occupational Health Advisor/ Physician shall:

- Advise on the need for vaccination prior to work commencing.
- Maintain a record of immunisation.
- Report (to HS&R team) any occurrences where a Biological worker has been diagnosed with a disease which may be related to the agent (s) they work with.
- Advise where additional measures may be requirement to protect the health of individuals working with biological materials.

4.9 Tenants

Any third party working with biological material within University premises must:

- Complete the Organisation Document - Governance Arrangements: University Partnerships, Tenants, Collaborations, Subsidiaries and Spinouts HSA-10100-02b with a member of the HS&R team.
- Carry out all notifications to the competent authority, including notifications of premises and activities.
- Where space is shared with University staff and students, tenants must share information on their biological activities with the University e.g. HSE centre number; details of the risks associated with their projects.
- Report any adverse event, in communal areas or shared facilities, via the adverse event reporting system.
- Comply with **all** relevant policy arrangements issued by the University.

5. Biological Risk Assessment

Before any activity (including storage) with any biological material the project supervisor must ensure that a suitable and sufficient assessment of risks to human

health and the environment is carried out and approved following the approval process below. All work with any biological work at hazard group 2 or above, genetic modification, SAPO licenced work or work covered by Schedule 5, is notified to and approved by the University Biological Hazards and Genetically Modified Organisms sub-committee before work commences.

Other biological work at hazard group 1 or below, is notified and approved by the faculty BSO and a copy sent to the University Biological Hazards and Genetically Modified Organisms sub-committee. The biological risk assessment template is available in the 'Biological' section of the health and safety website, Staff H&S Pages or PG MyUni H&S Page

The Biological project risk assessment form has been designed to address the key aspects of what to consider when carrying out a risk assessment. The risk assessment should be proportionate to the level of risk and should assess the hazards, the means by which harm could be realised, the likelihood of this occurring, the control measures required and should provide sufficient detail for the committee to review.

The risk assessment should also include foreseeable emergencies, spillages, needle stick injuries etc. When drawing up emergency plans several different factors will need to be considered to determine the most appropriate course of action, these include:

- Type of organism, route of transmission, infectious dose (if known) and the stability in the environment.
- Severity of accident - amount and concentration of material that could potentially be released and its form, for example, is aerosol formation likely?
- Location within the laboratory - an accident in the open laboratory may require evacuation, as compared to a more 'contained' accident in a microbiological safety cabinet.
- Waste.

Biological risk assessments should be submitted to the UBSO by email to a.c.lee@swansea.ac.uk (see section 6 for Approval process and appendix 1 for authorisation flow chart).

Guidance on how to complete a Biological risk assessment is available on the University website.

6. Review and Approval Process

Hazard Group 1 or Below

- Risk assessments for projects that clearly fall within class 1 or below, will be reviewed by the UBSO in conjunction with a Faculty BSO.

- Projects may be approved, approve subject to changes, or referred to the next sub-committee meeting.
- Work may start as soon as approval has been granted in writing via email from UBSO.

Extensions to Hazard group 1 or projects

- Updated risk assessments should be submitted as above, with the changes clearly highlighted. The risk assessment will be reviewed as for Hazard group 1.

Hazard Group 2 or above Biological Projects

- Risk assessments will be initially reviewed by the UBSO and Faculty BSO who may suggest changes/ ask for clarification.
- The project will be reviewed at the next Biological Hazards and GMO sub-committee meeting or a specially convened review panel. Where necessary additional specialists will be requested to advise on the project.
- PI's/ supervisors may be invited to attend the meeting to explain their project in further detail.
- The Biological Hazards and GMO sub-committee will decide on the final classification of the project, and may require modifications to the risk assessment, request further information, or require that the application should be revised and resubmitted to the next committee meeting.
- Once approved by the Biological Hazards and GMO sub-committee, the UBSO will notify the HSE if required.

For Biological Approval process flow chart please see Appendix 1.

7. Connected programmes

It is possible to submit a single notification for more than one contained use at the University to the HSE in the form of a connected programme of work. To be classified as a connected programme, all contained uses must be part of a coherent and integrated programme of work to form part of a common scientific research goal.

Project supervisors are responsible for coordinating the submission of a connected programme of work to the Biological Hazards and GMO sub-committee. Where connected programmes involve more than one academic and their research group, each individual academic will be required to hold, and be responsible for, a project under that connected programme of work.

Subsequent applications to join a connected programme of work will be reviewed by the Biological Hazards and GMO sub-committee to ensure the proposed work is covered and consistent with the aims of the connected programme.

8. Undergraduate Teaching

It is permissible to use class 1 or "safe" organisms as part of undergraduate or taught postgraduate practical class so long as:

- Their use is justified (i.e. the same teaching objective cannot be met unless this material is used).
- The activities are risk assessed and approved by the Biological Hazards and GMO sub-committee for use in teaching practicals.
- Activities are supervised and appropriate containment facilities are used.

9. Supervision and Training

Training and supervision for biological work should be conducted and recorded. All training records should be held by the PI and can be stored electronically and should be accessible see Appendix 2 for example training record.

The following competencies are required:

- **University BSO** - Appropriate scientific and lab experience. Minimum Biological Safety Practitioner Level 1.
- **Faculty Biological Safety Officer (BSO)** – Occupational competence and academic qualification in the field, appropriate scientific and lab experience, completion of and attendance at internal University Biosafety Management course.
- **Principal Investigators (PI's)** - Occupational competence and academic qualification in the field, appropriate scientific and lab experience, completion of and attendance at internal University Biosafety Management course.
- **Staff and Students** – local induction and training on risk assessments, procedures, and local rules, completion of and attendance at internal University Biosafety User course. All users must be competent to carry out Biological lab work unsupervised. Undergraduate students should not use class 2 organisms unsupervised.

To access internal University Courses email corporateresponsibility@swansea.ac.uk

10. Inspection and Audit

Inspections and audits are carried out to ensure that the laboratory and equipment and lab users are operating safely and complying with any appropriate legal standards.

Lab inspections should be carried out periodically by the PI/ Supervisor, the Faculty BSO or appropriate lab staff. The inspection is a set of pre-determined questions and will look at laboratory and equipment to ensure it is working correctly, SOPs and Local rules are being followed, PPE is worn correctly, and waste is being disposed of

correctly (this is not an exhaustive list). The inspection should be recorded and any actions from the inspection be closed out in a timely manner.

Audits will be planned and carried out by a team of people led by the UBSO. The auditor will look to ensure all legal standards are complied with and may look at any significant risks, compliance with any risk assessments and SOP's, relevant training records or general management practice. This will include asking for and reviewing evidence along with talking to staff and students during the visit.

A written report will be prepared and presented to the Faculty CR committee and the Biological and GMO hazards sub-committee. The report must include details of any issues highlighted, the remedial actions required, and an action plan detailing who is responsible for the action and timescales.

Faculty procedures should be in place to follow up and ensure recommendations are carried out.

11. Adverse Event Reporting

All adverse events involving Biologicals should be reported to HS&R using the on-line adverse event reporting form Report It. Where an incident involves a significant and unintended release, and which presents an immediate or delayed risk to human health or environment this should be reported immediately to the PI/ supervisor, Faculty operations teams and Faculty BSO, UBSO and Faculty HS&R Advisor.

All incidents will be investigated HS&R (with sustainability and security teams when appropriate) and the PI/ supervisor with the aim of identifying lessons learned and preventing through root cause analysis, similar occurrences in future. Any remedial actions required must be implemented immediately where possible and lessons learnt communicated widely to all who can benefit.

In some cases, the HSE must be notified by the HS&R team under the Reportable Incidents, Diseases and Dangerous Occurrences (RIDDOR) regulations.

Examples of situations which need to be notified to HSE include:

- Any infection reliably attributed to work with live or dead humans or animals.
- Exposure to blood or bodily fluids or any potentially infected material derived from any of the above.

12. Good Microbiological/ Laboratory Practice

The Principles of good microbiological/ laboratory practice aim to protect laboratory workers from contamination by biological organisms, to prevent the dispersal of organisms from the laboratory into the community at large, and to minimise the risk to others who may be affected by the work. These principles should form the basis of the Laboratory Local rules/ SOPs and be adhered to.

Typical Content of local rules:

- Organisms in use in the area.
- Lab rules, such as prohibitions, mandatory PPE requirements.
- Disinfectant policy (types of disinfectant in use vs efficacy on organisms), concentration and shelf-life.
- Waste arrangements for disposal of contaminated solid and liquid waste refer to HWG produced by the Waste and Recycling officer.
- Emergency procedures such as spillage, first aid and back up storage facilities.

13. Safe storage and Inventory

Any biological material must be stored securely in the laboratory or green house, well labelled and the fridge/freezer will be on a back-up power supply and temperature monitored. If the contents are subject to the Human Tissue Act, then these are essential requirements.to maintain the licence. The inventory should include details of the owner, amount stored, location and type of sample. The inventory should be stored centrally but should also be available to the central faculty team.

14. Pregnancy

Certain microorganisms within hazard groups 2, 3 and 4 can affect the unborn child if the pregnant person is infected during pregnancy. These may be transmitted across the placenta while the child is in the womb or during or after birth e.g. if the child is breast-fed. Examples of agents that might affect the child in this way are hepatitis B & C, HIV, Herpes, rubella, toxoplasmosis, syphilis, chickenpox, brucella and typhoid. Arrangements for expectant and breastfeeding person are available on the University Website, this contains guidance for working with microorganisms and should be considered as part of the pregnancy risk assessment process found on the Staff H&S Pages or PG MyUni H&S Pages or contact healthandsafety@swansea.ac.uk

15. Transportation of Biological Material

Transport of dangerous goods, which includes biological samples and specimens is regulated to prevent, as far as practicable, harm to persons or the environment and damage to property during all stages of the transport chain.

Transportation of hazardous biological material by public transport e.g. tube, bus or passenger rail is prohibited. Transportation via private vehicle in the UK may be permissible if the requirements of the Carriage of Dangerous Goods and Use of Transportable Pressure Equipment Regulations 2007 are met.

In order to comply with the complex requirements each person who ships biological samples must:

- Classify the material to be transported into the appropriate category.
- Identify the UN number and proper shipping names.
- Check for carrier or state variations and limitations.
- Select the proper packaging material and package items accordingly.

Further information on transport of dangerous goods is available from the UBSO.

16. Occupational Health

The University Occupational Health service provides services to protect the health of staff and students, at work, in training, and in study, to assess fitness for work, training and study, and to help manage health issues effectively.

There are effective vaccines against some biological agents. Based on a specific risk assessment, the Occupational Health Service can make arrangements for vaccination, to workers who are considered vulnerable to the biological agents to which they are exposed or are likely to be exposed at work.

Health surveillance is required under COSHH where:

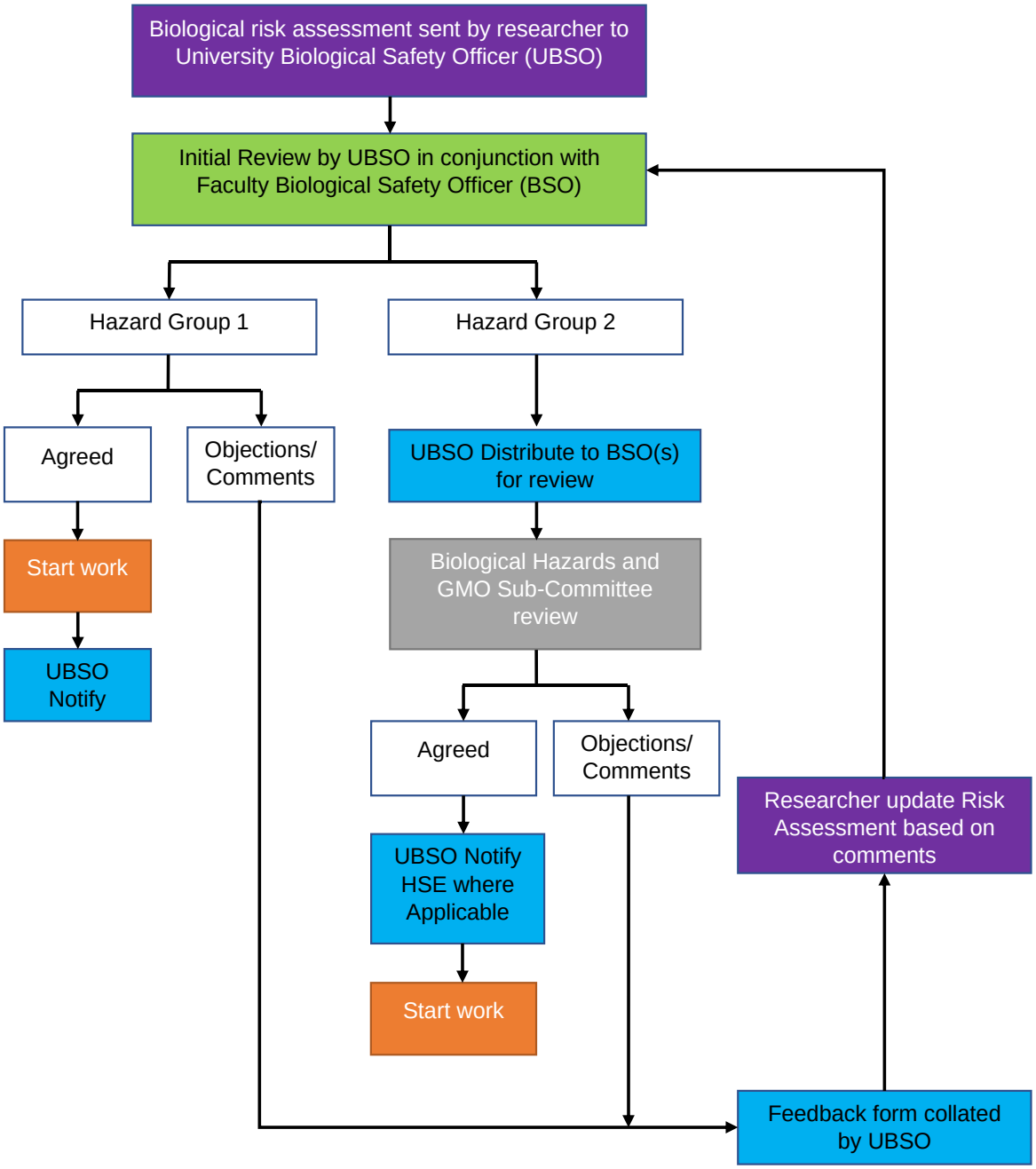
- There is an identifiable disease or health effect, which may be related to workplace exposure.
- The disease will occur in reasonable likelihood.
- There are valid techniques for detecting indications of the disease or its effects. Visiting researchers are included in health surveillance where this is appropriate.
- Monitoring/ checking employee's health to detect workplace illness e.g. following up sickness absence or explaining symptoms to workers so they can monitor their own health.

The requirement for health surveillance should be identified in the risk assessment for the work being undertaken. If using blood, blood products, bodily fluids you should have a Hepatitis B vaccination.

17. Appendices

Appendix 1

Biological Risk Assessment Approval Process



Appendix 2

Local Training Record (Local)

Introduction

This form must be used to record the health and safety training **and** training in specific procedures in use in the Faculty. The trainer must ensure the competence of the trainee in each area before signing the form. This may be done by any or a combination of the following:

- Written test
- Oral test
- Practical demonstration by the trainee

It is the responsibility of the PI or Supervisor to determine the local training needs for each trainee and to ensure the trainee has suitable access to this training.

This training record should be kept electronically, and it should be accessible to all those who may be required to determine the trainee's level of competence.

Training Record (Local)

Trainee Name	
Staff/ Student	
Start Date	
PI/Supervisor/ Line manager(s)	
Project title (Students only)	

Key: Level of attained competency

A: The task must be directly supervised
B: The supervisor's advice and approval must be sought before the task is started
C: The work entails risks which require careful attention to the safety related aspects of it. The student has been trained in the task and demonstrated competence
D: The risks are insignificant and carry no special supervision considerations

Add additional rows to record additional training in specialised areas of work.

Activity/ Procedure/ Course	Training Received (Trainee's signature)	Trainers name (block capitals) Signature	Method by which competence assessed Written/ Oral/ Practical/	Required competence attained (or indicate level of supervision required A, B or C above)	Date
Staff/ student local induction					
Staff/ student introduction to laboratory					
Fire safety awareness course					
Laboratory training: Use of pipettes					

Activity/ Procedure/ Course	Training Received (Trainee's signature)	Trainers name (block capitals) Signature	Method by which competence assessed Written/ Oral/ Practical/	Required competence attained (or indicate level of supervision required A, B or C above)	Date
Laboratory training: Use of fume cupboards					
Laboratory training: Use of laminar flow hoods					
Laboratory training: Use of microbiological safety cabinets					
Laboratory training: ACGM training					
Laboratory training: Working with cryogens					
Laboratory training: Use & transport of gas cylinders					
Laboratory training: Use of toxic chemicals					
Laboratory training: Use of Carcinogens, mutagens or STR's					
Laboratory training: Handling phenol					
Laboratory training:					

Activity/ Procedure/ Course	Training Received (Trainee's signature)	Trainers name (block capitals) Signature	Method by which competence assessed Written/ Oral/ Practical/	Required competence attained (or indicate level of supervision required A, B or C above)	Date
Use of corrosive material (strong bases)					
Laboratory training: Handling glass and sharp objects – e.g. pipettes, plates, Pasteur pipettes, blades, needles, syringes					
Laboratory training: Use of microwaves in the laboratory					
Laboratory training: Use of high voltage electrophoresis equipment					
Use of radioactive substances (by local RPS)					