MONASH University

This document must be kept in Materials Reception at all times

Department of Materials Engineering
OHS TRAINING RECORDS

Last name/Surname: _____ First Name: _____ Department: _____

Staff/Student ID: _____ Academic Supervisor: _____

By signing this record, it is understood that you have carried out the relevant SAFE WORKING INSTRUCTIONS (SWI), RISK ASSESSMENT (RA) and LAB INDUCTION and have identified the hazards, associated levels of risk and suitable risk controls, so far as reasonably practicable.

Date of Training	Training provided in (Equipment Use / Procedure / Process & Location)	Trainee's signature	Trainer's name	Trainer's signature