

**NTU SCHOOL OF BIOLOGICAL SCIENCES**  
**NEWCOMER TRAINING RECORD FORM TC2**

Do not leave any part blank, write N/A if not applicable. Please sign and submit to SBS Safety Officer. Keep a copy in personal and laboratory records.

**PART 1. PERSONAL DETAILS**

FULL NAME (Underline surname):

POSITION:

SUPERVISOR:

PRINCIPAL INVESTIGATOR:

**PART 2. TRAINING ACQUIRED**

MY SUPERVISOR HAS PROVIDED BASIC SPECIFIC SAFETY TRAINING FOR THE WORKSPACE I WILL BE OCCUPYING    YES    NO

TYPE OF TRAINING RECEIVED (circle all appropriate):

GENERAL    BIOLOGICAL    CHEMICAL    RADIATION

I HAVE ACCESS TO THE SBS SAFETY GUIDELINES    YES    NO

I HAVE READ & UNDERSTOOD THE SBS SAFETY GUIDELINES    YES    NO

VERSION OF SAFETY GUIDELINES READ:

I HAVE COMPLETED A BASIC SAFETY EXAM    YES    NO    EXAM NO.:

**PART 3. ACKNOWLEDGEMENT**

IT IS MY RESPONSIBILITY, AS A STAFF/STUDENT MEMBER OF THE SCHOOL OF BIOLOGICAL SCIENCES, TO ADHERE TO THE SCHOOL SAFETY GUIDELINES AND REPORT ANY VIOLATION OF THESE GUIDELINES TO THE SCHOOL SAFETY COMMITTEE.

I UNDERSTAND THAT REPEATED VIOLATION OF GUIDELINES BY MYSELF MAY RESULT IN ME BEING BANNED FROM THE WORKPLACE UNTIL GUIDELINES ARE MET.

SIGNATURE

DATE