# **Autoclave Safety Training – MCML Room 302D**

# **Specific Safety Orientation Checklist**

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| --- | --- | --- | --- | --- | --- |
| **Name of Worker** | | **Job Title** | | **Department/Faculty** | |
|  | |  | |  | |
| **Name of Direct Supervisor/Manager** | | | **Name of Person Providing the Orientation** | | |
|  | | |  | | |
| Start Date in Room 302D: |  | | | |
| Date of Safety Orientation: |  | | | |
| Reason for Orientation: | New User of Room 302D  Restart after absence | | | |

**Section A. LFS General Guide.**

* Please read the below information package and watch the supplementary YouTube video before filling out the electronic submission!
  + [**LFS General Guide information package**](https://lfs-my-2020.sites.olt.ubc.ca/files/2022/06/LFS-General-Guide-Supplementary-Notes-Jun-9-2022.docx)**,**last updated Jun 10, 2022
  + A video orientation is provided below to supplement the above. Please choose the one specific to the building you will work at.
    - <https://youtu.be/Ff5erk7YQB8> (MCML specific)
    - <https://youtu.be/_738B4bubAc> (FNH specific)
* Have you thoroughly read and understood the above?
  + **NO** → Go through the two links above!!!
  + **YES** → click [**LFS General Guide**](https://lfs-my-2020.sites.olt.ubc.ca/lfs-general-guide/) and begin **electronic submission**, last updated Sept 7, 2021

**Section B. General Lab Rules**

Please review and follow the below lab rules:

* There should be **NO** **food or drink** in this room, including water bottles.
* Closed-toed shoes and long pants are required in this room.
* No chemicals should be used or stored in this room.
* You must keep this room clean and tidy. Clean up any water spills**.** Slips, trips and falls are common hazards!
* You must **report hazards** that you see – do not walk away!
* **Contact Faculty Technicians** as soon as you encounter any problem in this room!
* If an alarm goes, you **MUST** leave the space! Proceed to the muster station.

**Section C. Personal Protective Equipment (PPE)**

* The most essential PPE for this room is **oven mittens**.
* Materials from the autoclave are very **HOT** and will burn if touched by bare skins.
* **Contact Faculty Technicians** immediately if oven mittens are missing in the room.

**Section D. Autoclave Use Specific Rules**

Please review and follow the below autoclave user rules:

* You must read through the Standard Operating Procedures (SOP) of the autoclave and review it as needed to ensure proper operation of the autoclave. <https://wiki.ubc.ca/Documentation:Standard_Operating_Procedures_for_Tuttnauer_Autoclave_3870>
* An **in-person training session** **MUST BE done** **with the Faculty Technicians** before operating the autoclave independently. You **CANNOT** be trained by another lab member who has been authorized to use the autoclave.
* **Metal tray must be used at** **ALL TIMES** with any sample/solution load to avoid spillage. Report to Faculty Technicians if tray is missing.
* **You MUST check the distilled water level** in the reservoir before every use and refill as needed to prevent it from drying out.
* **You MUST include a chemical indicator strip** to each run to ensure proper functioning of the autoclave. Please report any failed run to Faculty Technicians so investigation can occur immediately.
* **You MUST sign the logbook** after each run. If you run multiple loads, then you must record multiple lines on the logbook.
* **You MUST report any problem** with the autoclave immediately to Faculty Technicians.

**Please acknowledge you have gone over the below information and select “yes”.**

|  |  |  |  |
| --- | --- | --- | --- |
| **Topic** | | **✓Yes** | **Notes** |
| A | ***LFS General Guide***  I have completed the LFS General Guide. |  |  |
| B | ***General Lab Rules***  I have read and understood the lab rules, and agreed to follow them strictly. |  |  |
| C | ***Personal Protective Equipment (PPE)***  I have read and understood the rules on PPE in this room, and agreed to follow them strictly. |  |  |
| D | ***Autoclave Use Specific Rules***  I have read and understood the autoclave use specific rules, and agreed to follow them strictly. |  |  |
| E | ***Autoclave In Person Training***  I have attended an in person training for the autoclave.  Date of First Training: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date of Second Training:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

By signing this document, I acknowledge that I have read and understood all the information detailed on all pages of this document and agree to follow them.

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New Worker Signature Orientation Provider Signature

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Date Date