



UNIVERSITY OF
BATH

Please Tick Staff ☐ / PhD ☐ / CDT ☐ / M. Phys ☐ / FYP ☒ / ITP ☐ / Summer student ☐ / Visitor ☐

Name:

George Sellers

DEPARTMENT OF PHYSICS – PERSONAL TRAINING RECORD

SUPERVISOR: Dr Francesca Caloro

LOCATION(S) OF WORK: UoB Campus

This form is to be completed by person being assessed and their academic supervisor/line manager and returned to the Department Technical Supervisor.

TRAINING MUST BE COMPLETED AND SIGNED OFF BEFORE THE ACTIVITY TAKES PLACE.

If unlisted or particularly serious hazards are present then a special risk assessment will need to be made in consultation with the Department safety team and the Safety, Health, and Employee Wellbeing team (SHEW@bath.ac.uk).

All accidents and near misses must be promptly reported to the Chair of the Department Safety Committee, the Department Technical Supervisor and to the Safety, Health, and Employee Wellbeing team.

	NO	YES
DEPARTMENT SAFETY RULES Has the person named above read, understood, and will abide by the relevant sections of the Physics Health and Safety Rules and Codes of Practice? Relevant sections are the first 6 sections plus all sections relating to any specific hazards as identified by 'YES' ticks below.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
COMPUTER WORKSTATION Is a computer workstation going to be used? If yes, then a workstation self-assessment form via the University website should be completed (for UG project students, the questions are available via your project Moodle page). Tick Yes to confirm a self-assessment has been done. If issues with your workstation arise, then initial advice can be obtained from the Technical Supervisor, Jenny Williams . Staff may be eligible for eye test/glasses costs reimbursement.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
LAB WORK Is any lab work planned? If yes, all relevant basic training (as identified below) must be completed. After that, the lab supervisor must provide a suitable lab induction and discuss the lab risk assessment(s) and equipment procedures with you. Additional labs used may be noted on a separate sheet. Date of induction: _____ Authorized Signature (Lab Supervisor): _____ Lab: _____ Date of induction: _____ Authorized Signature (Lab Supervisor): _____ Lab: _____ Date of induction: _____ Authorized Signature (Lab Supervisor): _____ Lab: _____ Date of induction: _____ Authorized Signature (Lab Supervisor): _____ Lab: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CHEMICALS Are chemicals to be used? If yes, a separate COSHH assessment needs to be completed (electronic form) and sent to pycoshh@bath.ac.uk for review and a chemical induction must then be obtained from Jake Masters . No chemical work is to be undertaken before a Chemical Induction course has been completed. Date of induction: _____ Authorized Signature: _____ Is HF to be used? Hydrofluoric acid must NOT be used without a separate induction course. Date of induction (HF): _____ Authorized Signature: _____	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
NANOPARTICLES Will the work require the use of nanoparticles? If yes, then a general induction on nanoparticle safety must be obtained from Jake Masters . Date of general induction: _____ Authorized Signature (JM): _____ An induction into safe working practices for the planned process(es) must also be obtained from your supervisor (who signs below). Date of induction: _____ Authorized Signature (Supervisor): _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
CRYOGENIC LIQUIDS Are cryogenic liquids to be used? If yes, an induction in the use and transport of cryogens must be obtained from Clare Cambridge . Date of induction: _____ Authorized Signature: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Name and signature of supervisor: FRANCESCA CAIRO Date: 7.10.25