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

UNIVERSITY OF BATH **Name:** INIGO LLANTADA LAFUENTE

DEPARTMENT OF PHYSICS – PERSONAL TRAINING RECORD

SUPERVISOR: Dr Francesca Calore **LOCATION(S) OF WORK:** University of Bath, 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.	☐	☑
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.	☐	☑
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: _____	☑	☐
CHEMICALS Are chemicals to be used? If yes, a separate COSHH assessment needs to be completed (electronic form) and sent to pyscoshh@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:_____	☑ ☑	☐ ☐
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):_____	☑	☐
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:_____	☑	☐

	NO	YES
COMPRESSED GASES Are compressed gases to be used – including attached to a glove box? If yes, a basic induction in the safe use of compressed gas cylinders must be obtained from **Clare Cambridge**. Basic induction:_____ Authorized Signature:_____ Additionally, if the user is going to change regulators, adapt pipework or transport cylinders, then an advanced induction is also required from **Clare Cambridge**. Advanced induction:_____ Authorized Signature:_____	☑	☐
LASERS Are Class 3R, Class 3B or Class 4 lasers to be used? If yes, self-register on Moodle (*Laser & Radiation Safety*); study the 4-videos and take the quiz. Date of completion of Moodle course :_____ User Signature:_____ Instruction in safe working practices must also be given by the supervisor including risk assessment of the specific laser setup. Date of induction:_____ Authorized Signature (Supervisor):_____	☑	☐
MANUAL HANDLING HAZARDS Is the manual handling of heavy loads anticipated? If yes, a manual handling risk assessment should be carried out and an induction obtained from **Clare Cambridge**. Date of induction:_____ Authorized Signature:_____	☑	☐
SOLDERING AND 3D PRINTING Are you doing soldering or 3D printing? Soldering induction must be obtained from **Joseph Mills**. UG lab set up is bookable through **Joseph Mills**. Work done in other labs must be covered by local risk assessment. Date of soldering induction: _____ Authorized Signature:_____	☑	☐
FACILITIES USE Will the work require use of the Fibre Fabrication facility? If yes, then induction(s) into safe working practices must be obtained from **Steve Renshaw** (fibre fab). Fibre fab – Date of induction:_____ Authorized Signature:_____	☑	☐
MACHINE SHOP (WH 1.09) Most machining is done for the user on request by **Ash Moore**. To use the Machine Shop, first discuss this with the Lead Workshop technician, **Ash Moore**. Date of induction: _____ Authorized Signature:_____	☑	☐
SPECIAL REQUIREMENTS **IONISING RADIATION** Will the work involve the use of a source of ionizing radiation? If yes, an induction must be obtained from the Department Radiological Protection Supervisor, **Christopher Shearwood**. Instruction in safe working practices must also be given by the supervisor. Date of induction:_____ Authorized Signature:_____	☑	☐
ELECTRICAL HAZARDS Is work with live, exposed conductors (>50 V ac or 120 V dc) to be undertaken? If yes, it is a **legal requirement** that training is **absolutely necessary** (Electricity at Work Act 1989). This work must be separately risk assessed and discussed fully with **Joseph Mills before** work commences. Instruction in safe working practices must also be obtained and appropriate protections put in place. Date of induction:_____ Authorized Signature:_____	☑	☐
ANY OTHER SAFETY REQUIREMENTS Have any other special safety needs been identified? If yes, please describe them on a separate sheet with all methods/procedures, which have been agreed to accommodate them.	☑	☐

This form should be accurate and kept up to date, e.g. if there are changes to their work. Supervisors should initial and date any updates. Problems should be reported immediately to the supervisor and/or the Department Technical Supervisor.

ACCREDITATION

Name and signature of person being assessed: Iñigo Llantada Lafuente Date: 07/10/2025

Name and signature of supervisor: FRANCESCA CALORO Francesca Caloro Date: 7.10.25