

# SOM Flow Cytometry Use and Training Form

## Introductory Notes & Requirements for support:

- This form must be completed by all staff and student using the Flow cytometry (Canto analyser/sorter) facility.
- Safety training, inductions and specialist equipment training will be conducted when working with flow cytometer.

## Section 1: Supervisor Details

Name		School/Area	
Do you have supervisor's approval	<input type="radio"/> Yes <input type="radio"/> No	Email	

## Section 2: Staff/Student/Visitor Details

Given name(s)		Family Name	
Preferred name		Deakin ID#	
Mobile#		Deakin email	
School/Institute		Expected duration of usage (eg: 1 year)	

## Section 4: Facility required

Core Facilities – select facility	Canto Analyser <input type="checkbox"/> Sorter <input type="checkbox"/>
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## Section 5: Risk Assessments & Approvals

### Risks & Risk Assessments

Identify and provide information of the risks and/or hazards associated with the laboratory work to be undertaken.

Risk/Hazard Type	Does this work involve any of the following? Select Yes or No from dropdown list If Yes, please list the hazard/risk materials: .....
<a href="#">Biological</a>	<input type="checkbox"/> Microorganisms or Biological Materials <input type="checkbox"/> Gene Technology – OGTR <input type="checkbox"/> Quarantine/Biosecurity materials
Chemical	<input type="checkbox"/> Hazardous substances (e.g. toxins) <input type="checkbox"/> Poisons or Drugs <input type="checkbox"/> Cytotoxic chemicals
Nanoparticles or nanomaterials	<input type="checkbox"/> Manufactured (to be engineered)    Risk rating (please specify): ..... <input type="checkbox"/> Supplied (from external supplier)
<a href="#">Radiation</a>	<input type="checkbox"/> Ionising <input type="checkbox"/> Non-Ionising
<a href="#">Human</a>	<input type="checkbox"/> Human tissue (including blood samples)

### Work Safety Assessments - [Work Safety Assessments - blank documents link](#)

Have the WSAs been completed and sent to Laboratory Manager for approval?

- Notes:** 1. Supervisor & researcher to review/amend existing WSAs or complete WSA Overview and Hazard Assessment Form(s) for new work.  
 2. Additional WSAs, Risk Assessments or SOPs may be required after assessment of this form.

Signature (Trainee): .....

Signature (Supervisor): .....

Date: .....

Date: .....