

**Procedure**

Signature (Worker) Date

I understand that all work must be assessed for safety before that work commences. I have read and understood the assessments listed above and will follow the necessary safety requirements.

Signature (Supervisor) Date

**Procedure**

Signature (Worker) Date

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Signature (Supervisor) Date

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Signature (Supervisor) Date

**Personal Safety Record**

# Department of Veterinary Medicine

The purpose of this form is to record that you have read, or completed, all the necessary safety assessments for each procedure that you are involved in. It is also to assist your supervisor or Head of Group in ensuring you have received the necessary instruction and training to enable you to work safely. This form must be completed before work starts to ensure you are familiar with any hazards and understand the precautions and safe working practices that must be used.

Name: Laboratory: