# Template Induction Checklist

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| **Name employee:** |  |
| **Position:** |  |
| **Section:** |  |
| **Name supervisor:** |  |

**General**

* Explain the organization structure
* Explain objectives and strategy of the laboratory
* Discuss the working culture of the department/laboratory
* Explain code of conduct
* Introduce to colleagues
* Discuss working hours/breaks/work outside office hours
* Explain absence and illness procedures
* Explain methods used for work reviews/meetings etc.
* Show the meeting schedule
* Explain the privacy policy, sign the confidentiality agreement
* Provide clearance for entering the laboratory building
* Document employee´s private address
* Collect the necessary documents for the personnel files
* Furnish the writing desk

**Safety and Security**

* Explain safety and security system of the laboratory
* Explain the emergency procedures
* Explain the laboratory rules including those of weighing room
* Explain safety procedures regarding work with specific pathogens
* Explain smoke/nonsmoking procedures
* Explain procedures regarding white coats and gloves
* Explain procedures on processing of biological/clinical waste (autoclaving and incineration) and of non/hazardous waste
* Determine which vaccines employee needs and prepare for these vaccinations
* Ask biological safety officer for authorization to enter the laboratory facility
* Provide the biosafety manual for reading

**Quality Management System**

* Introduce the quality officer/quality management system
* Enroll employee in a quality management training
* Explain Standard Operating Procedures
* Explain the use and purpose of log sheets
* Give equipment and analysis SOP for reading

**Technical work**

* Explain the procedures performed in the laboratory
* Explain stock ordering procedure
* Explain operation of essential equipment
* Explain software used on the computer

**Cleaning schedule**

* Explain the cleaning schedule and procedures, including cleaning of white coats

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| **Date and signature of new employee for completion of induction checklist:** |  |  |
| **Date and signature of supervisor for completion of induction checklist:** |  |  |
| **Date and signature of Laboratory Manager:** |  |  |