

<b>LS COURSE NAME:</b>	RTY Lab Induction	<b>COURSE CODE:</b>	D 18367 Lab / 31444028 QRDC LAB Q30308503 Area Personnel QRDC: Q31442326 Area Personnel LAB LAB : Q30308504 Non Area Personnel QRDC: Q31442327 Non Area Personnel
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EMPLOYEE TO COMPLETE												
<b>Full Name:</b>												
<b>SAP ID:</b>												
<b>Contractor:</b>	Yes	<b>Company Name:</b>										

Employee  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ASSESSMENT SUMMARY AND CERTIFICATION	
<input checked="" type="checkbox"/> Initial / Re-Training (Assessment and walk around required)	
<input type="checkbox"/> Recognition of current competency ( *See Note – if selected, complete statement below & theory assessment)	
<i>Note: The RCC process only applies to personnel conducting frequent (weekly) activities within the laboratory.</i>	
RCC Declaration: - I confirm that as part of my role I am required to conduct activities within the laboratory. I also confirm that I do this task/s _____ (i.e. drop off samples):	
<input type="checkbox"/> Frequency of task _____ (Daily, Weekly, Monthly)	
<input type="checkbox"/> and have executed this task in the last month	
Signature _____	Date _____

LAB TEAM LEADER TO COMPLETE for RCC	
Name:- _____	Signature:- _____
<input type="checkbox"/> Request for RCC confirmed	<input type="checkbox"/> Request for RCC Not Approved Add Note:

TRAINER / ASSESSOR TO COMPLETE	
<b>Assessment Completed By:</b>	
<b>Position:</b>	
<b>Assessment Result:</b>	<input checked="" type="checkbox"/> Competent <input type="checkbox"/> NYC
<b>Lab &amp; QRDC Area Personnel</b> <input type="checkbox"/>	<b>Non Area Personnel</b> <input checked="" type="checkbox"/> (Re-Induction required after 2 years)

Trainer/Assessor  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(FORWARD ALL PAPERWORK TO THE LEARNING AND DEVELOPMENT TEAM)**

LEARNING & DEVELOPMENT TO COMPLETE (LMS Administrator to enter in the LMS)		
<b>Name :</b>	<b>Date entered in LMS:</b>	/ /

LMS Administrator \_\_\_\_\_ Signature \_\_\_\_\_

*"If it's not safe, don't do it that way"*