

## Record of the instruction concerning the operation of scientific equipment and associated special safety risks

### Definitions:

**Equipment:** An instrument or an experimental setup, consisting of several instruments and specially manufactured components.

**Special risk:** A source of danger and risk of accidents exceeding the normal risks of daily life. In general, obligatory protective measures are provided against special risks.

**Emergency exit:** Marked route or routes, along which the building needs to be vacated in case of fire or other dangers.

**Laboratory work:** Work in laboratories, not restricted to a special setup, e.g. work with chemicals or work setting up an experimental setup.

**Instructor:** Staff member of the institute, responsible for particular equipment and performing the instruction. In general, this is a member of the scientific staff.

**Instructed person:** Person, who should work with particular equipment. This could be a student, a new staff member or a guest, intending to perform experiments, e.g. for a project work, masters or PhD thesis.

**Instruction:** The instructor explains and demonstrates the instructed the procedures of setting into operation and use of an equipment. If needed, also particular maintenance activities will be explained and demonstrated. Particularly, the special risks marked below and the required protective measures are explained and demonstrated.

**Responsible person:** Staff member of the institute, responsible for particular equipment. In general, this is a member of the scientific staff.

### General remarks:

During an instruction it is mandatory to discuss and visit the relevant emergency exit(s) and the closest first aid box. For laboratory work with increased risk of fire also the closest fire extinguisher(s) need to be discussed.

Manipulation and operation of equipment is only permitted after the relevant instruction. The instruction is only valid for the equipment discussed and documented during the instruction. Working with a different piece of equipment requires a separate instruction.

The instruction qualifies the instructed to use and operate of the equipment and to perform maintenance work demonstrated during the instruction. Other maintenance and repair work may only be performed under supervision of with the consent of a responsible person.

In case of doubt, the responsible person needs to be consulted.

In general, any work in laboratories requires the presence of a second person. Personal safety equipment needs to be used as instructed. Personal safety equipment is available through Mrs. Manuela Marik (ext. 13405).

Instructions need to be documented using the present form. A copy of the form needs to be filed with Mrs. Manuela Marik.

If, incidents or accidents occur, these need to be reported to the group leader, the head of institute and a safety representative.

**In case of severe incidents or accidents, fire department and ambulance need to alerted without delay via the concierge.**

**Instructed person:**

Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/19\_\_\_

Position: staff/PhD student/graduate student/student/ \_\_\_\_\_\*

**Instructor:**

Name: \_\_\_\_\_ Date of birth: \_\_\_/\_\_\_/19\_\_\_

Position: head of group/supervisor/ \_\_\_\_\_\*

**Group:** \_\_\_\_\_

**Equipment:** \_\_\_\_\_

A written safety instruction is available for this equipment: yes/no \*

Maintenance work : \_\_\_\_\_

\_\_\_\_\_

**Laboratory work:** \_\_\_\_\_

\_\_\_\_\_

**Special risks, discussed during the instruction:**

High Voltage

Ionising Radiation

Laser <sup>o</sup> Alignment laser >5mW/Other laser \*: Type: \_\_\_\_\_

Compressed gases

Inert gases: \_\_\_\_\_

Flammable gases: \_\_\_\_\_

Oxidising gases: \_\_\_\_\_

Poisonous gases: \_\_\_\_\_

Cryogenic liquefied gases (Risk: asphyxiation, especially in elevators!, cold, spray)

Chemicals

Solvents materials: \_\_\_\_\_

other flammable materials: \_\_\_\_\_

Poison materials: \_\_\_\_\_

caustic/corrosive materials: \_\_\_\_\_

Biohazardous materials (i.e. cells in culture): \_\_\_\_\_

Lifting equipment

\_\_\_\_\_

\* Delete as applicable

<sup>o</sup> The Laser safety representative needs to be consulted

**Important Contacts:**

SICHERHEITSVERTRAUENSPERSONEN

- |                     |             |                |
|---------------------|-------------|----------------|
| ○ Manuela Marik     | Tel. -13420 | 0664/605883420 |
| ○ Dr. Martin Müller | Tel. -13436 | 0664/605883436 |

**Die Anordnungen der SVPs sind ausnahmslos zu befolgen !** Sollten beanstandete Massnahmen trotz Anordnung nicht umgesetzt bzw. befolgt werden, erfolgt eine Meldung beim Institutsvorstand.  
 Evaluierungen gemäß: VEXAT (Verordnung explosionsfähigen Atmosphären), VOPST (Verordnung optischer Strahlung), VOLV (Verordnung Lärm und Vibration) Der Auslösewert für gehörgeschädigenden Lärm beträgt 80 dB nach § 4 VOLV. Der Expositionsgrenzwert für gehörgeschädigenden Lärm beträgt 85 dB nach § 3 VOLV.

BRANDSCHUTZWARTE

- |                     |             |                |
|---------------------|-------------|----------------|
| ○ Manuela Marik     | Tel. -13420 | 0664/605883420 |
| ○ Dr. Martin Müller | Tel. -13436 | 0664/605883436 |
| ○ Rainer Gärtner    | Tel. -13423 |                |

Bitte sich unbedingt mit den Fluchtwegen und mit den nächstliegenden Löscheräten vertraut machen !  
 Im Fall eines Räumungsalarms im Freihaus bitte ausnahmslos über die Fluchtwege **sofort zum Sammelplatz** auf der Freifläche (Park) gegenüber Treitlstrasse 3 vor der Kunsthalle gehen und dort bis zur Entwarnung warten.

Nummer für Alarmierung:

Hausnotruf Tel. Freihaus -40004, Lehartrakt, Labortrakt BF -40002: löst bei Bedarf den Räumungsalarm aus und informiert die Einsatzkräfte  
 Feuerwehr 0-122 Polizei 0-133 Rettung 0-144 Euronotdienst 0-112

Brandschutzbeauftragter GUT:

- |                |              |                |
|----------------|--------------|----------------|
| ○ Markus Hajek | Tel. -400603 | 0664/605885350 |
|----------------|--------------|----------------|

GIFTBEAUFTRAGTE

- |                                  |              |                |
|----------------------------------|--------------|----------------|
| ○ Univ.Prof. Dr. Markus Valtiner | Tel. -13440  | 0664/605883440 |
| ○ Manuela Marik                  | Tel. -13420  | 0664/605883420 |
| ○ Giftzentrale AKH Wien          | Tel. 4064343 |                |

LASERSCHUTZBEAUFTRAGTER

- |                                              |              |                |
|----------------------------------------------|--------------|----------------|
| ○ Dr. Mario Brameshuber – Bereich Lehartrakt | Tel. -134896 | 0664/605883489 |
| ○ PhD Michele Riva – Bereich Freihaus        | Tel. -13438  |                |

STRAHLENSCHUTZBEAUFTRAGTER

- |                                         |             |                |
|-----------------------------------------|-------------|----------------|
| ○ Univ.Prof. Dr. Friedrich Aumayr       | Tel. -13430 | 0664/605883471 |
| Administration Dosimeter: Manuela Marik | Tel. -13420 | 0664/605883420 |

GASFLASCHENVERANTWORTLICHER

- |                                  |             |                |
|----------------------------------|-------------|----------------|
| ○ Univ.Prof. Dr. Markus Valtiner | Tel. -13440 | 0664/605883440 |
|----------------------------------|-------------|----------------|

EDV-SICHERHEITSBEAUFTRAGTER

- |                        |             |  |
|------------------------|-------------|--|
| ○ MSc Kai Schwenzfeier | Tel. -13439 |  |
|------------------------|-------------|--|

ERSTHELFFER §40, Abs. 3 AStV

- |                                             |         |              |                |
|---------------------------------------------|---------|--------------|----------------|
| ○ Manuela Marik                             | DC05G22 | Tel. -13420  | 0664/605883420 |
| ○ Assoc.Prof. Dr. Ilse-Christine Gebeshuber | DC04F02 | Tel. -13483  |                |
| ○ Parkinson Elena BSc                       | BLEG01  | Tel. -134898 |                |

	From a TU Desk phone	From any mobile phone
Fire department	0-122	122
Police	0-133	133
Ambulance	0-144	144

Safety instruction

4/4

Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Time: \_\_\_\_:\_\_\_\_

Signatures:

Instructed person

Instructor

Laser safety representative  
(if required)

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<sup>1</sup> dial this number from any TU desk phone, call 01-58801-xxxxx from a cell phone

<sup>2</sup> dial 90-yyyy from any TU desk phone, call 0664-60588-yyyy from a cell phone