



Histology Core Facility Equipment User Agreement

The purpose of this agreement is to outline the conditions for use and maintenance of lab equipment located within the Histology Core Facility by students and laboratory staff and to articulate the financial obligation around the use, service, and repairs of this equipment

- 1) Permission must be granted, and a user and training agreement signed for **the first piece** of laboratory equipment/workstation prior to use.
- 2) The Histology Core Facility Supervisor (Dr. Shreyas Jois) will instruct and train all personnel prior to any use of the laboratory space and equipment. This will include:
 - a. Properly booking equipment or space online (booking **MUST BE APPROVED** prior to usage) using the following link: <https://my.qreserve.com/site/t2252tos6n9sdwyh3achrmeoqe9x2lqpjeflf>
 - b. Dressing appropriately (must wear long pants, socks, and closed shoes) and use and dispose of proper PPE (lab coats, gloves, eye protection, respirator, etc. when required)
 - c. No water bottles or food permitted in the histology core facility
 - d. Leaving coats and packs at the designated locations in the facility
 - e. Switching off and cleaning the equipment after use or as directed by Shreyas
 - f. Use and safely dispose sharp objects (e.g., microtome blades), broken glass, biohazardous materials (e.g., DAB chromogen) and pipette tips
 - g. Properly report spills, machine errors, or machine issues (during regular and after hours)
 - h. Using fume hood and its location
 - i. Using and storing flammables and corrosives
 - j. No gloves, lab coats, or samples without containment are permitted outside the lab
 - k. Bookmark Safety Resources website: <http://www.safetyresources.usask.ca>
- 3) The Histology Facility Supervisor (Dr. Shreyas Jois) will monitor appropriate use of the equipment and, when required, arrange for maintenance and cleaning of the equipment.
- 4) Unless provided in cost recovery fees for usage of equipment or purchase of consumables, all consumables will be supplied by the individual users
- 5) If consumables are purchased, it must be logged in the HCF Supply/Chemical Purchase logbook
- 6) A cost-recovery usage fee will be applicable to cover maintenance, preventative maintenance, and calibration of specific equipment- specifically tissue processor, embedding station, IHC reagents, staining station (for details refer to cost recovery pricelist on the histology core facility website: <https://healthsciences.usask.ca/facility-services/Histology/cost-recovery-pricing-info-and-protocol-list.php>)
- 7) If researcher/s are financially responsible for contributing towards the repair of the equipment, this is to be outlined and agreed upon on a case-by-case basis and documented
- 8) All spills or damage to equipment or work-related injury must be immediately reported to the Histology Core Facility Supervisor (Dr. Shreyas Jois) so that corrective action can be taken.
- 9) Unsupervised work must be pre-approved by the Histology Core Facility Supervisor (Dr. Shreyas Jois), with necessary equipment or space booked online and approved and work recorded in the unsupervised/After Hours logbook
- 10) **Special Conditions:**
 - a. **Undergraduate students:** Undergrads are not allowed to work in the histology core facility unsupervised. You must work in the facility during regular hours of operation under the supervision of Dr. Shreyas Jois
 - b. **Volunteers:** All volunteers seeking to work in the histology core facility must provide appropriate documentations signed by the department head and/or PI prior to working the facility



Researcher/s are financially responsible for Contribution to repair costs? (Y/N) If YES, clearly define role below.

I agree to pay the above costs/fees and my researchers will abide by this agreement.

Principle Investigator Name and signature: _____

Date: _____

Signature of Histology Core Facility Supervisor: _____

Signature of Histology Core Facility Manager: _____



Histology Core Facility Training Sheet and User Agreement

Site Specific Training Record

Personal Information

Name: _____ Signature: _____

NSID: _____ Phone: _____ Email: _____

Position: ☐ Undergraduate* ☐ Graduate student ☐ Staff
☐ post-doctoral fellow ☐ Volunteer ** ☐ Other (specify) _____

Department: _____

Equipment Training Checklist

(Can Be Ongoing and Must Provide Date of Training Next to Equipment)

This document is proof that the trainee above has read, understood, and been trained in the following procedures/ standard operating procedures related to the equipment below

☐ Microtome (Leica) _____ ☐ Microtome (Leitz) _____
☐ Microtome (Microm) _____ ☐ Leica Cryostat _____
☐ Tissue Embedding _____ ☐ Staining & Coverslipping _____
☐ Moticom Tablet Camera _____ ☐ Manual IHC steps _____
☐ Other _____

Histology Core Facility Safety Checklist

This document is proof that the trainee above is aware of basic safety steps for histology core facility. Trainee must initial in front of all areas after knowledge.

Location of First Aid Kit _____ Location of Fire Extinguisher _____
Location of Eye Wash Station _____ Location of Emergency Shower _____
Fastest exit route in case of a fire emergency _____ Awareness of working alone policy* _____

*NA to undergraduate students



Histology Core Facility Training Sheet and User Agreement

Supervisor Information

Supervisor Name: _____

Supervisor Signature: _____

Supervisor Phone: _____

Location added to Biosafety Permit (Y/N): ____ Date: _____

Histology Core Facility access code provided: Y/N

The access code should not be shared and can be changed by the histology core facility Supervisor if needed

Trainer Name: _____ Trainer Signature: _____