

**Biosafety and Radiation Safety Application**

Please complete this application if a teaching or research activity/project is associated with any of the following:

* specimens of human or animal origin that are not certified to be free of common human pathogens
* infectious/potentially infectious animals (laboratory and non-laboratory)
* microorganisms or other biological material classified as Risk Group 2\* and above (see [AS/NZS 2243.3](https://subscriptions.techstreet.com/searches/17654539);   
  *information on how to access the Australian Standards can be found on the* [*library website*](https://answers.library.westernsydney.edu.au/faq/270981))
* infectious/potentially infectious environmental samples
* biological toxins including biological material on the [Defence and Strategic Goods List](https://www.legislation.gov.au/Details/F2021L01198)
* genetically modified organisms (includes plants, animals, microorganisms, cells, and all exempt dealings)
* [security sensitive biological agents](https://www.health.gov.au/resources/publications/ssba-fact-sheet-5-list-of-ssbas) (please contact the [Ethics Officer](mailto:BioSafetyRadiation@westernsydney.edu.au?subject=Use%20of%20Security%20Sensitive%20Biological%20Agents) prior to submission)
* importation of biosecurity risk material
* ionising radiation sources, radioactive materials and equipment, and lasers above class 2

*\*Note that all cell lines are considered RG2 unless certified to be free of common human pathogens.*

Completed applications must be submitted via email to [BioSafetyRadiation@westernsydney.edu.au](mailto:BioSafetyRadiation@westernsydney.edu.au).

Note that for applications to be reviewed at the next BRSC meeting they must be received two weeks prior to the [meeting date](https://www.westernsydney.edu.au/research/research_ethics_and_integrity/biosafety).

# Section 1: Overview

**1.1. Short Project Title:** Click here to enter text.

**1.2. BRSC Number (*Research Services to provide*): B**Click here to enter text.

**1.3. Proposed Start Date:** Click here to enter a date. **1.4. Proposed Finish Date\*:** Click here to enter a date.

*\*Total study duration cannot exceed 3 years.*

# Section 2: Research Team Details

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| **2.1. Chief Investigator Details**  2.1.1. Title: Click here to enter text.  2.1.2. First Name: Click here to enter text.  2.1.3. Last Name: Click here to enter text.  2.1.4. WSU Staff ID: Click here to enter text.  2.1.5. School/Institute Name: Click here to enter text.  2.1.6. Work phone: Click here to enter text. 2.1.7. After hours phone: Click here to enter text.  2.1.8. E-mail address: Click here to enter text.  2.1.9. Provide details of relevant qualifications, experience and training ([see training requirements for laboratories and facilities](https://www.westernsydney.edu.au/research/research_ethics_and_integrity/biosafety)): Click here to enter text.  Training (check relevant boxes):  Local onsite induction  Biosafety and working in PC2 facilities  - Please provide details of training (institution, format, and year):  Working in OGTR certified facilities (or has been trained in accordance with the OGTR behavioural requirements, including the guidelines for transport, storage, and disposal of GMOs)  - Please provide details of training (institution, format, and year):  Approved arrangement accreditation  [SSBA regulatory scheme training](https://www.health.gov.au/our-work/ssba-regulatory-scheme#roles-and-responsibilities:~:text=reporting%20requirements.-,Roles%20and%20responsibilities,-Learn%20about%20the)  Radiation safety -  sealed sources,  unsealed sources,  X-ray equipment fixed,  X-ray equipment portable  Laser safety  2.1.10. Provide specific details of duties, tasks, and procedures to be performed in this project: Click here to enter text.  I certify that I have read the application and understand my obligations and responsibilities and those of the research team.  Signature: Date: Click here to enter a date. |

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| **2.2. Investigator/Student/Staff involved in the project**  *Note: Insert a copy of this box below for each additional person.*  *If a non-WSU student or investigator is only working at their own organisation, please enter their details in sections 3.3-3.4.*  2.2.1. Title: Click here to enter text.  2.2.2. First Name: Click here to enter text.  2.2.3. Last Name: Click here to enter text.  2.2.4. School/Institute Name: Click here to enter text.  2.2.5. Work phone: Click here to enter text. 2.2.6. After hours phone: Click here to enter text.  2.2.7. E-mail address: Click here to enter text.  2.2.8. Role in Project:   |  |  |  |  | | --- | --- | --- | --- | | Student  WSU ID: Click here to enter text. | Investigator  WSU ID: Click here to enter text. | Professional Staff  WSU ID: Click here to enter text. | | | Non-WSU Student (if working at a WSU facility)  Institution: Click here to enter text. | Non-WSU Investigator (if working at a WSU facility)  Employer: Click here to enter text. | |  |   2.2.9. Provide details of relevant qualifications, experience and training ([see training requirements for laboratories and facilities](https://www.westernsydney.edu.au/research/research_ethics_and_integrity/biosafety)): Click here to enter text.  Training (check relevant boxes):  Local onsite induction  Biosafety and working in PC2 facilities  - Please provide details of training (institution, format, and year):  Working in OGTR certified facilities (or has been trained in accordance with the OGTR behavioural requirements, including the guidelines for transport, storage, and disposal of GMOs)  - Please provide details of training (institution, format, and year):  Approved arrangement accreditation  [SSBA regulatory scheme training](https://www.health.gov.au/our-work/ssba-regulatory-scheme#roles-and-responsibilities:~:text=reporting%20requirements.-,Roles%20and%20responsibilities,-Learn%20about%20the)  Radiation safety -  sealed sources,  unsealed sources,  X-ray equipment fixed,  X-ray equipment portable  Laser safety  Approved arrangement accreditation  2.2.10. Provide specific details of duties, tasks, and procedures to be performed in this project: Click here to enter text.  I certify that I have read the protocol and understand my obligations and responsibilities.  Signature: Date: Click here to enter a date. |

**2.3. Declaration by Facility/Cluster Manager or delegate:**

1. I have read the application and can confirm that the facility locations described in section 5 are suitable for the proposed activities in terms of the risks involved.

2. I can also confirm that all RAs and SOPs related to this application have been lodged with the School/Institute.

**Signature: Date:** Click here to enter a date.

**Title of signatory:** Click here to enter text.

**Name of signatory:** Click here to enter text.

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| **2.4. Declaration by Designated School / Institute signatory (usually the Dean, Deputy Dean, or Institute Director)**  **Full name of signatory:** Click here to enter text.  **Signature: Date:** Click here to enter a date. |

# Section 3: Administration

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| **3.1. Is this a new project?**  Yes  No – Answer 3.1.1.  **3.1.1. Is this a:**  Repeat of a previously conducted project?  Yes  No  Continuation of an expired project?  Yes  No  Continuation of an existing project that has been significantly revised  Yes  No  **3.1.2. If *Yes* to any of the above, explain why and provide the BRSC No. and title.** |

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| **3.2. Has this or a similar project been previously declined by the WSU BRSC or another IBC?**  Yes  No  3.2.1. If *Yes*, provide the name of the committee and date of submission. |

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| **3.3. Does this project involve collaboration with an external investigator/organisation?**  Yes  No  3.3.1. If *Yes*, provide the below details for each collaborator:  Name:Click here to enter text.Position:Click here to enter text.  Organisation:Click here to enter text. Role in this Project:Click here to enter text.  Provide a copy of the application and approval letter if available.  **3.4. Is the collaborator an overseas organisation?**  Yes  No  3.4.1. If *Yes*, provide the name and location of the organization: |

|  |  |
| --- | --- |
| **3.5. If funding is associated with this project, provide the below details:**  *Refer to the* [*Researcher Portal*](https://research-report.uws.edu.au/wpubs/portal.requery_asp) | |
| Title Source | Click here to enter text. |
| Investigators | Click here to enter text. |
| Grant Identifier | Click here to enter text. |

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| **3.6. Is any of the specified information contained in this application confidential, commercial information?**  Yes  No  3.6.1. If Yes, provide details |

# Section 4: Details of the Project

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| **4.1. Briefly describe the project background and aims in lay terms (non-scientific language) (max 500 words).** |

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| **4.2. Expected outcomes of the project in lay terms (non-scientific language) (max 500 words).** |

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| **4.3. Summarise the methodological approach (max 500 words).**  *It is important to include enough detail so the associated risks, in context of the reason for BRSC application submission (see beginning of form), can be adequately assessed. Use of a flowchart may be helpful.* |

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| --- | --- | --- | --- | --- |
| **4.4. Does your project involve:** | Please tick | Approval number  (if applicable) | Date of Approval  (if applicable) | Expiry Date  (if applicable) |
| Human participants or their data (HREC) | Yes  No | Hxxxxx | Click here to enter a date. | Click here to enter a date. |
| The use of Animals in Australia or overseas (ACEC) | Yes  No | Axxxxx | Click here to enter a date. | Click here to enter a date. |

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| Dealings with Biological Materials and/or Genetically Modified Organisms | Yes  No | If *Yes*, Complete [Section 5](#_Section_5:_Biological) |
| Use of ionising or non-ionising radiation including lasers | Yes  No | If *Yes*, Complete Section 6 (a-d as required): a. [Sealed and unsealed radioisotopes](#_Section_6a:_Radiation) b. [Ionising radiation equipment](#_Section_6b:_Radiation) c. [Offsite Radiation Work at non-University Locations](#_Section_6c:_Radiation) d. [Laser safety](#_Section_6d:_For) |

# Section 5: Biological and GMO Dealings only

***Delete this section if not required***

**5.1. Type of Dealing/Activity (check all relevant boxes)**

Research and/or  Teaching involving specimens of human/animal origin, microorganisms, cell lines, biological toxins, or other biological materials).

Indicate if any of the following applies:

Use of biological toxins or pathogens on the [Defence and Strategic Goods List](https://www.legislation.gov.au/Details/F2019L00424) (DSGL)

Use of [security sensitive biological agents](https://www.health.gov.au/resources/publications/ssba-fact-sheet-5-list-of-ssbas) (SSBAs) - attach the [Initial Registration Form](https://www.health.gov.au/resources/publications/ssba-form-initial-registration)

Physical handling of imported biological material in an approved arrangement (AA) site

Research and/or  Teaching involving [GMO dealings](https://www.ogtr.gov.au/about-ogtr/what-are-genetically-modified-organisms-gmos).

Select appropriate category:

[Exempt dealing](https://www.ogtr.gov.au/about-approval-process/types-gmo-dealings#exempt-dealings:~:text=inadvertent%20dealing%20licence-,Exempt%20dealings,-Exempt%20dealings%20are)

[Notifiable Low Risk Dealings (NLRD)](https://www.ogtr.gov.au/about-approval-process/types-gmo-dealings#exempt-dealings:~:text=submitting%20an%20application.-,Notifiable%20low%2Drisk%20dealings,-A%20notifiable%20low) - attach the [NLRD Record of Assessment Form](https://www.westernsydney.edu.au/__data/assets/word_doc/0006/749085/BRSC_NLRD_Record_of_Assessment.docx)

[Dealings Not involving Intentional Release (DNIR)](https://www.ogtr.gov.au/about-approval-process/types-gmo-dealings#exempt-dealings:~:text=a%20DIR%20licence-,Dealings%20not%20involving%20intentional%20release%20of%20a%20GMO,-A%20DNIR%20is) - attach the [DNIR Application Form](https://www.ogtr.gov.au/apply-gmo-approval/apply-dnir-licence)

[Dealings involving an Intentional Release (DIR)](https://www.ogtr.gov.au/about-approval-process/types-gmo-dealings#exempt-dealings:~:text=Other%20dealings-,Dealings%20involving%20intentional%20release%20of%20a%20GMO,-A%20DIR%20is) - attach the [DIR Application Form](https://www.ogtr.gov.au/apply-gmo-approval/apply-dir-licence)

**Importation/Exportation of Biological Material**

**5.2. Does this project involve the use of biosecurity risk material to be imported directly from an overseas supplier?**  Yes  No

5.2.1. If Yes, what is the nature and intended use of the biological material (bacteria, cell line, plant material, etc)

5.2.2.Has the Biosecurity Import Conditions ([BICON](http://agriculture.gov.au/import/online-services/bicon/bicon-permit)) permit(s) been attached?  Yes  No

5.2.3. BICON Approval Number:Click here to enter text.

5.2.4. If No, provide an explanation: Click here to enter text.

**Note that statutory obligations must be addressed prior to importing SSBAs** (see item 5.1)

**5.3. Does any imported biological material require physical handling in an approved arrangement (AA) site?**  Yes  No

5.3.1. If Yes, please provide the AA certificate number:Click here to enter text.

5.3.2. Name and location of the AA site to be used:Click here to enter text.

5.3.3. Outline the conditions specified in the import permit: Click here to enter text.

**5.4. Does this project involve the exportation of biological material on the DSGL?**  Yes  No

5.4.1. If Yes, a permit must be obtained from [Defence Export Controls](https://portal.exportcontrolsforms.defence.gov.au/) (DEC). Please attach a copy.

**Microorganisms, Cell Lines or Other Biological Material**

**5.5.** Mark and specify the types of microorganisms and/or biological toxins to be used or potentially present in samples to be used; include their scientific name and risk group (if relevant) as defined by [AS/NZS 2243.3](https://subscriptions.techstreet.com/searches/17654539).

**Also indicate if any of these biological agents are on the DSGL or listed as SSBAs**

Bacteria:

Parasites:

Fungi:

Viruses:

Toxins of biological origin:

**5.6. If material of human origin is to be used, has consideration been given to using non-human sources?**  Yes  No  Not Applicable

5.6.1. If *Yes*, provide the details. If *No*, provide an explanation

**5.7. If a cell line is to be used, list the type of cell line(s):**

**Dealings with Genetically Modified Organisms (GMOs)**

**5.8. Complete the table below if you have selected any of the GMO Dealings in Question 5.1.**

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| --- | --- | --- |
| Exempt Dealing (Schedule 2 Part 1) | 2  3  3A  4  5 | A dealing is an exempt dealing if it:  a) is a kind mentioned in Schedule 2 Part 1; &  b) does not involve a genetic modification other than a modification described; &  c) does not involve an intentional release of the GMO into the environment; &  d) does not involve a retroviral vector that is able to transduce human cells |
| Notifiable Low Risk Dealing – PC1 (Schedule 3 Part 1) | 1.1 (a)  1.1 (c) | A dealing is not a notifiable low risk dealing if it: a) is also a dealing of a kind mentioned in Part 3 of Schedule 3; or b) involves an intentional release of the GMO into the environment.  A dealing that is not an exempt dealing or a notifiable low risk dealing must be authorised under an OGTR licence. |
| Notifiable Low Risk Dealing – PC2 (Schedule 3 Part 2.1) | 2.1 (a)  2.1 (b)  2.1 (c)  2.1 (d)  2.1 (e)  2.1 (f)  2.1 (g)  2.1 (h)  2.1 (i)  2.1 (j)  2.1 (k)  2.1 (l)  2.1 (m) |

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| **5.9. List all host/vector systems to be used** | |
| **Host** | **Vector** |
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**5.10. Transportation:** Outline the arrangements for the transport of GMOs between

- University buildings

- University campuses

- External institutions and the University (and vice versa)

*(Refer to current* [*OGTR Guidelines for the transport, storage, and disposal of GMOs*](https://www.ogtr.gov.au/resources/publications/guidelines-transport-storage-and-disposal-gmos)*)*

**5.11. Spill / Escape Response:** Outline the action to be taken in the case of a spill or escape of GMOs including containment and decontamination procedures.

*Refer to any relevant SOPs (SOP No., Title and Expiry Date)*

**5.12. If any GMO material is to be stored and secured after the completion of the project, how will this be done?**

*Please contact the* [*Ethics Officer*](mailto:biosafetyradiation@westernsydney.edu.au?subject=Storing%20Viable%20GMOs%20outside%20of%20a%20Certified%20Facility) *if you want to store viable GM animals or plants outside of a certified facility.*

**Location(s) of Activities**

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| --- | --- | --- | --- |
| **5.13. Laboratory Locations at Western Sydney University**  *Add a new row as required* | | | |
| **Room No. / Building Name & No / Campus** | **Facility Type**  (Laboratory, Animal, Plant, Aquatic, Invertebrate) | **PC Level**  (PC1 / PC2 if relevant) | **OGTR Certification No.**  (if relevant) |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
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| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

**5.14. Non-Laboratory Locations:** Describe the exact location

*e.g. nearest road, distance from town or landmark or similar. Include a map, as required*

**5.15. Will any part of this project be undertaken in an NSW health facility?**  Yes  No

5.15.1. If **Yes**, have all personnel associated with the project complied with occupational screening and vaccination against infectious diseases, as detailed in [NSW Health Policy directive](https://www1.health.nsw.gov.au/pds/Pages/doc.aspx?dn=PD2022_030)?  Yes  No

5.15.2. Name of Facility

Click here to enter text.

5.15.3. Location of Facility

Click here to enter text.

**5.16. Will any GMO activity related to this project be conducted at another institution?**  Yes  No

5.13.1. If Yes, provide the name of the approving IBC or safety committee

Click here to enter text.

**Risk Management Information**

**5.17. Risk Assessment:** Are there any significant safety or health risks related to the proposed work that may affect staff or students? (e.g. sharps, inhalation, spills, risk to unborn foetus, etc)

Yes  No

**5.18.** Provide details of your considerations:

**5.19. Risk control:** Provide details of actions to be taken by the applicant to eliminate or control the risks identified in the question above (include details on situations that need to be reported and how this is done):

**5.20.** **Waste disposal:** Provide details of waste disposal methods as applicable to the biological material or GMOs used in this project:

# Section 6a: Radiation Hazard Information – Sealed & Unsealed Radioisotopes

***Delete this section if not required***

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| --- | --- | --- | --- | --- |
| **6a.1**. **Please list those persons involved in this project who will be handling the isotopes, including their license details:** | | | | |
| **Name and Role** | **Training date** | **Trainer** | **License No.** | **Expiry Date** |
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| **Have all participants read and understood the** [**WSU Radiation Management Plan**](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf)**?** | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| **6a.2. Please list the particular Unsealed Isotope, Type of radiation, and Specific Activity:** | | | |
| **Radioisotope** | **Supplier** | **Type of Radiation** | **Activity (MBq)** |
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| --- | --- | --- | --- |
| **6a.2.1. Please list the particular Sealed Isotope, Supplier, Type of radiation, and Specific Activity:** | | | |
| **Radioisotope** | **Supplier** | **Type of Radiation** | **Activity (MBq)** |
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| **6a.3. Location (s) where work will take place. (include campus,** **building, and room number).** | | |
| **Campus** | **Building** | **Room No.** |
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|  |  |  |
| **Registration details for any registered premises should be entered here:** | **Room No.** | **Registration Details** |
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| **6a.4. Risk Assessment** | | |
| Have you completed a risk assessment for the work involving the isotope (s)? | Yes | No |
| Will the risk assessment and any associated safety guidelines be presented to all students/staff working with the isotope (s) prior to the work commencing? Provide details of any relevant standard operating procedures (SOP No., Title, and Expiry Date): | Yes | No |
| Are all isotope (s) in the facility listed on the WSU Register of Hazardous Chemicals? Please contact [WHS](mailto:whs@westernsydney.edu.au?subject=Register%20of%20Hazardous%20Chemicals) if further information/access is required. | Yes | No |
| Note that as per the [WSU Radiation Management Plan](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf), all purchases of radiation sources or equipment must be approved by the WSU Radiation Management Licensee? Details of any proposed radiation order (related project or activity, responsible person, who will use it, licence details, order quantity, etc) must be entered into the Radiation Purchase Requisition Form (see page 37 of the RMP) and emailed to [whs@westernsydney.edu.au](mailto:whs@westernsydney.edu.au?subject=Purchase%20of%20Radiation%20Sources%20or%20Equipment) to arrange for DVC review and approval prior to order. | | |

Please provide information on the following where relevant

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| PPE Requirements |  |
| Storage |  |
| Disposal |  |
| Personal Monitoring |  |
| Area Monitoring |  |

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| **6a.5. Provide a brief description of emergency spill response / decontamination provisions in place** |
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| **6a.6. List monitoring equipment** | | | |
| **Make** | **Model** | **Detector** | **Calibration Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |

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| Important information: You must include/attach all relevant documentation (risk assessment, as well as applicable induction/training records, approvals, etc.) with this application. Failure to do so will lead to a delay in processing your application. |

# Section 6b: Radiation Hazard Information - Ionising Radiation Equipment

***Delete this section if not required***

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| **6b.1**. Please list those persons involved in this project who will be handling the Ionising Radiation Instruments, including their license details (or training details if trained but unlicensed and supervised by licensed staff): | | | | |
| **Name and Role** | **Training date** | **Trainer** | **License No.** | **Expiry Date** |
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| **Have all participants read and understood the** [**WSU Radiation Management Plan**](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf)**?** | Yes | No |

|  |  |  |  |
| --- | --- | --- | --- |
| 6b.2. Please list the particular Ionising Radiation Instruments - including Brand, model number, Serial No., and Type of radiation : | | | |
| **Brand** | **Model** | **Serial No.** | **Type of Radiation** |
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| **6b.3. Location (s) where work will take place. (include campus, building, and room number)** | | |
| **Campus** | **Building** | **Room No.** |
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| **Registration details for any registered premises should be entered here:** | **Room No.** | **Registration Details** |
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| **6b.4. Risk Assessment** | | | |
| Have you completed a risk assessment for the work involving the instrument/sealed source(s) ? | | Yes | No |
| Will the risk assessment and any associated safety guidelines be presented to all students/staff working with the instrument/sealed source(s) prior to the work commencing? Provide details of any relevant standard operating procedures (SOP No., Title, and Expiry Date): | | Yes | No |
| Are all instruments/sealed source(s) being used listed on the Radiation Regulated Material Register? Please contact [WHS](mailto:whs@westernsydney.edu.au?subject=Register%20of%20Hazardous%20Chemicals) if further information/access is required. | | Yes | No |
| Note that as per the [WSU Radiation Management Plan](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf), all purchases of radiation sources or equipment must be approved by the WSU Radiation Management Licensee? Details of any proposed radiation order (related project or activity, responsible person, who will use it, licence details, order quantity, etc) must be entered into the Radiation Purchase Requisition Form (see page 37 of the RMP) and emailed to [whs@westernsydney.edu.au](mailto:whs@westernsydney.edu.au?subject=Purchase%20of%20Radiation%20Sources%20or%20Equipment) to arrange for DVC review and approval prior to order. | | | |
| Is this a registered sealed source? (page 28 of RMP) | | Yes | No |
| Registration Number if Yes |  | | |

Please provide information on the following where relevant:

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| --- | --- |
| PPE Requirements |  |
| Storage |  |
| Disposal |  |
| Personal Monitoring |  |
| Area Monitoring |  |

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| --- | --- | --- | --- |
| **6b.5. List monitoring equipment** | | | |
| **Make** | **Model** | **Detector** | **Calibration Date** |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter a date. |

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| Important information: You must include/attach all relevant documentation (risk assessment, as well as applicable induction/training records, approvals, etc.) with this application. Failure to do so will lead to a delay in processing your application. |

# Section 6c: Radiation Hazard Information – Offsite **Radiation Work** **at non-University Locations**

***Delete this section if not required***

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| **6c.1**. Please list those persons involved in this project who will be handling the radioisotopes, or Ionising Radiation Instruments, including their license details (or training details if trained but unlicensed and supervised by licensed staff): | | | | |
| **Name and Role** | **Training date** | **Trainer** | **License No.** | **Expiry Date** |
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| **Have all participants read and understood the** [**WSU Radiation Management Plan**](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf)**?** | Yes | No |

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| **6c.2. Identify the Radiation hazard (s):** | | |
| Sealed and/or Unsealed Radioisotopes | Yes | No |
| Ionising Radiation Equipment (e.e. portable x-ray, irradiating equipment) | Yes | No |

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| Location (s) where work will take place. (Include location/land site, building, room number, registration details if a registered facility. Also include details regarding the local Radiation Officer). | | | |
|  | | | |
| Description of Hazard(s): |  | | |
| Description of work: |  | | |
| Who will carry out the work? | | Self / WSU staff members | A Host/Consultant organisation staff members |

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| **6c.3. Monitoring/Health Surveillance** Personal Monitoring | | |
| [The Code Radiation Protection in Planned Exposure Situations (RPS C1)](https://www.arpansa.gov.au/regulation-and-licensing/regulatory-publications/radiation-protection-series/codes-and-standards/rpsc-1) states that, an official record of occupational exposure must be kept by the employer. To comply with this requirement the University must be provided with a record of staff/student exposure for all offsite work involving ionizing radiation. Some establishments (host organisations) will provide this as a matter of course or it may be necessary to submit a formal request for this information. For short term work you may decide to take a personal monitor with you, in which case you should also take a control monitor to check on any possible radiation doses received during transit. | | |
| Please advise what you have organised with regards to providing the University (via your Radiation Safety Officer) with personal exposure records for this work? | | |
| Details: | | |
| If at another organisation, does the Host Organisation have a Radiation Safety Officer? | Yes | No |
| If at another organisation, does the Host Organisation have a Radiation Safety Manual / Guidelines? | Yes | No |
| Will you be transporting hazardous material to / from the off-site location? | Yes | No |
| If Yes, are you familiar with the [ARPANSA Code of practice for the transport of](https://www.arpansa.gov.au/regulation-and-licensing/regulatory-publications/radiation-protection-series/codes-and-standards/rpsc-2)  [radioactive material](https://www.arpansa.gov.au/regulation-and-licensing/regulatory-publications/radiation-protection-series/codes-and-standards/rpsc-2). | Yes | No |
|  | | |
| Please indicate your awareness that the host organisation or the University has a duty of care to: | | |
| 1. Provide you with a safety induction | Yes | No |
| 1. Provide appropriate personal monitoring | Yes | No |
| 1. Keep / provide records of exposure (must be provided to Health & Safety Team) | Yes | No |
| 1. Provide appropriate training (equipment & procedures) | Yes | No |
| 1. Ensure Risk Assessments are performed for work activities | Yes | No |
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| Please Indicate your awareness that you have a responsibility to comply with all of the off-site location’s policies/guidelines related to your project. change | Yes | No |

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| Attachments - Important information: You must include / attach all relevant documentation such as Risk Assessment, Standard Operating Procedures (SOPs) or Safe Work Method Statements (SWMS) as well as applicable induction / training records, approvals etc) with this application. Failure to do so will lead to delay in processing your application. |

# Section 6d: For Radiation Hazard Information - **Laser Safety**

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| Prior to filling out a laser project approval application, **you need to first register the laser with WHS**. Refer to [RMP](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf). Use this form to seek BRSC approval for your project involving the use of Class 3B or 4 lasers as indicated by manufacturer’s label. If you’re using a laser without a label or constructing a laser, you need to contact the WHS. |

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| **6d.1. Lasers involved in this project:** *List here information of all the lasers to be used in the project. Add more if required.* | | | | | | | |
| **Laser 1.** | | | | | | | |
| **Manufacturer** | | **Type ( e.g. Nd:YAG, LED)** | | **Model #** | | **Serial No.** | |
|  | |  | |  | |  | |
| **Specifications** | | | | | | | |
| **Class** | **Wavelength(s)** | | **CW or Pulsed inc interval & rep rate (if appropriate.)** | | **Power / Energy** | | **NOHD** |
|  |  | |  | |  | |  |
| **Laser 2.** | | | | | | | |
| **Manufacturer** | | **Type ( e.g. Nd:YAG, LED)** | | **Model #** | | **Serial No.** | |
|  | |  | |  | |  | |
| **Specifications** | | | | | | | |
| **Class** | **Wavelength(s)** | | **CW or Pulsed inc interval & rep rate (if appropriate.)** | | **Power / Energy** | | **NOHD** |
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| **6d.2**. Please list those persons involved in this project who will be handling the Lasers/laser Instruments, including their training details: | | | |
| **Name and Role** | **Training date** | **Trainer** | **Certificate No.** |
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| **Have all participants read and understood the** [**RMP**](https://www.westernsydney.edu.au/__data/assets/pdf_file/0003/1474761/WSU_Radiation_Management_Plan_V7_October_2018.pdf)**?** | Yes | No |
| Have you completed a risk assessment for the work involving the laser equipment? | Yes | No |
| Will the risk assessment and any associated safety guidelines be presented to all students/staff working with the laser equipment prior to the work commencing? | Yes | No |

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| **6d.3. Location (s) where work will take place. (Include building, room number or site details, and details of Local Cluster Manager** | | |
| **Building** | **Room No.** | **Local Cluster Manager** |
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|  |  |  |
| **Registration details for any registered premises should be entered here:** | **Room No.** | **Registration Details** |
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| **If the use of the lasers is outdoors, please give the details of the location and the land owners details:** | | |
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| **6d.4. Laser Safety Plan (LSP):** *This section ensures the hazard management strategies that you have in place are justified, relevant and appropriate. All laser classification and hazard analysis are to be in accordance with AS/NZS IEC 60825 Safety of laser products Part 1 & Part 14. If this project is conducted in a facility that contains multiple lasers from multiple groups, this LSP should be developed in consideration of risks from and for all other users in the space.* | | |
| Please give details of the safety plan for this work including elimination, substitution, isolation and engineering controls: | | |
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| What are the administrative controls being applied? | | |
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| Has the facility been inspected and approved by the University LSO? | Yes | No |

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| **6d.5. Personal Protective Equipment (PPE):** *In general, PPE should be employed as the last option to mitigate the residual risk that cannot be managed by engineering or administrative controls. Tick the PPE controls below as appropriate:* | | | |
| **Laser Eye Protection** | | | |
| Manufacturer: |  | | |
| Model: |  | | |
| Optical Density at required wavelength: |  | | |
| Are the eye protection regularly checked for integrity, and cleanliness as well as being stored correctly? | | Yes | No |
| **Skin Protection** | | | |
|  | | | |
| **Other (lab coat/gloves)** | | | |
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| Important information: You must include/attach all relevant documentation (risk assessment, as well as applicable induction/training records, approvals, etc.) with this application. Failure to do so will lead to a delay in processing your application. |