

This registration form must be completed and submitted with the procurement form.

The information provided above will be managed in accordance with the University’s privacy policy and will only be used for the purpose of managing the chemical of concern.

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| **Personal Details** |
| Name: | Position held in the University: Student/Staff  |
| Contact Number: | Student/Staff Number: |
| Supervisor Details: | School/Unit/Division:  |

Note: Each of the points below must be addressed and evidence provided prior to use of these chemicals.

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| **Details of the Security Sensitive Dangerous Goods** |
| **Description** | **Comments** |
| Name of Security Sensitive Dangerous Goods to be used |  |
| Detailed location of work with these chemicals |  |
| Details of storage location (including security) |  |
| Reason for use (e.g. research or analysis) |  |
| Date of commencing work with the chemical |  |
| Estimated quantities purchased & used per year |  |
| Supplier details |  |
| Approval for procurement details |  |
| Estimated frequency of exposure per week  |  |
| Numbers of workers that maybe exposed within that work area |  |
| Records available at the facility |  |
| Risk Management |
| Have you considered a safer substitute for the hazardous chemical? |  |
| Have you developed Standard operating procedures for the purpose of the work involving the hazardous chemical? |  |
| Have you completed a detailed risk assessment to prevent/minimise the exposure to the hazardous chemical? |  |
| Have you developed and aware of the Spill and Emergency procedures. |  |
| Are you aware of the Decontamination and Waste disposal procedures? |  |
| Training and Information |
| Have you attended a hazardous chemical training? |  |
| Have you previously worked with hazardous chemicals at university or elsewhere? |  |
| Have you previously undergone a biological monitoring or health surveillance? |  |

# STATEMENT FROM THE PERSON

I hereby acknowledge the information provided to be correct and that risk management practices detailed above are in place.

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| Signature: | Date:  |

# STATEMENT FROM THE APPROVER

**This statement is to be signed by Dean of Research or Director of the Institute or Delegate or Cluster Managers**

I hereby agree that the Risk Management procedures identified in the application are adequate for the work being undertaken and will be implemented prior to the identified use, handling, or storage of the Security Sensitive Dangerous Goods.

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| Name of approver: | Position held in the University:  |
| Qualifications: | Date of Approval: |
| Signature: | School/Unit/Division:  |

Completed form can be send to whs@westernsydney.edu.au

# WHS & WELLBEING OFFICE USE ONLY–

# The following information has been provided.

Workers personal details provided

YES / NO

Risk Management details provided

YES /NO

Statement from the approver (Dean of Research) or delegate YES / NO

Is exposure significant – Biological or Health surveillance required? YES / NO

Training has been provided

YES / NO