

Faculty of Science Workshops

HAZARDS IN LABORATORIES / EQUIPMENT

THE FOLLOWING FORM MUST BE PROVIDED BY PERSONNEL BEFORE SCIENCE WORKSHOP STAFF CAN CARRY OUT WORK IN YOUR LAB OR ON YOUR EQUIPMENT (*This is not a work request*).

Details of person requesting work:

Your Name:	
Contact Mobile Number:	
Building No:	Room No:
Your Supervisor:	
Your Email:	
Job Request http://www.science.uq.edu.au/facilities/content/science-workshops	
Job No:	(to be supplied by workshop)

Details of equipment:

Make:
Model:
Serial Number:

Details of work to be carried out by science workshop staff:

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Details of any hazards that may have been associated with the laboratory equipment in question: (what hazards have been used with or in this piece of laboratory equipment Chemical, Biological, Radioactive ? Please attach copies of any MSDS sheets).

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Method of decontamination/removal of hazards:

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Declaration: *The laboratory equipment (above) has been decontaminated and is now safe for science workshop staff to carry out the requested work.*

Signature of person making the declaration:

Date.....Please scan and save as a PDF file. Attach to your Work Request.

To be completed by science workshop staff

After completion of the work please sign & date and attach this form to work request:

Signature:

Date: