

**This checklist must be completed and attached to the procurement form.**

The purpose of this checklist is to avoid unauthorised purchase or acquisition of chemicals from overseas.

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 Chemicals** |
| **Description** | **Comments** |
| Name of the chemical |  |
| Detailed location of work with these chemicals |  |
| Details of storage location  |  |
| Reason for considering overseas procurement |  |
| Reason for use (e.g. research or analysis) |  |
| Date of commencing work  |  |
| Estimated quantities purchased & used per year |  |
| Supplier details |  |
| Approval for procurement details |  |
| Records available at the facility |  |
| **Legislation and SDS** |
| Have you obtained and reviewed the current Australian compliant SDS from the supplier? |  |
| Licence Requirement |
| Is this chemical a (Specify-each category requires specific Elizabeth requirements):a. Restricted carcinogenb. Scheduled substancesc. Chemicals of security concernd. Ozone depleting substancese. Industrial chemicals |  |
| Have you checked the Licence requirement and confirmed that it is available? |  |
| Risk Management |
| Have you developed Standard operating procedures for the purpose of the work involving the chemical? |  |
| Have you completed a detailed risk assessment relating to the 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 restricted or prohibited carcinogens 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 the practices detailed above have been addressed appropriately.

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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 practices identified in the checklist are adequately implemented prior to the procurement process.

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

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

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| WHS & WELLBEING OFFICE USE ONLY–The following information has been provided. |
| Description | Comments (YES / NO) |
| Workers personal details provided |  |
| Risk Management details provided |  |
| Statement from the approver (Dean of Research) or delegate  |  |
| Is licence required?  |  |
| Training has been provided |  |