Safety Role Appointment Form Radiation / Laser Safety Officer



The Head of Section must approve this form before new position holders can gain higher-level access in UQSafe as required for their role.

Process

- 1. Applicant completes this form and submits to the Head of Section for approval.
- 2. The Head of Section signs the form after sighting the appropriate skills, online training, and other requirements if applicable, or if satisfied with the qualifications of the applicant.
- 3. Applicant sends the approved form and evidence of relevant qualifications and training completion to the Health Safety and Wellness (HSW) Division at hsw@uq.edu.au.

Step 1: Applicant to Complete

Applicant Name	UQ User ID
Position Title	
Email	Phone
Faculty, Institute, Division or Centre	Provide full name and acronym
Organisational Unit	
Head of Section	

What is your new role?

Select all that apply	Start Date	End Date
Radiation Safety Officer (RSO)		
Laser Safety Officer (LSO) (Applicable for therapeutic lasers)		
Non-therapeutic Laser Safety Officer (NT-LSO) (Applicable for non-therapeutic lasers)		

Are you replacing someone? If yes, who are you replacing?

Forme	r position holder/s
RSO	
LSO	
NT-LSO	

In UQSafe you will have access to private information, you must complete the first two modules listed below.

Module	Completion Date
Staff Standards of Conduct	
Privacy at UQ	
RSO / LSO Certificate issued by QRH (Not required for NT-LSO)	

Safety Role Appointment Form Controlled Substances Officer (CSO)



Step 2: Head of Section Approval

I confirm that the above staff member has been nominated for the safety roles indicated and I am satisfied with the qualifications and completed training of the applicant. I confirm that the application can gain higherlevel access in UQSafe as required for their role.

HoS full name	Signature
Date	

Step 3: Applicant to email form to HSW Division

Email: hsw@uq.edu.au

(Please cc your HSW Manager)

Contact for more information (07) 3365 2365 Level 6, Building 69, St Lucia Campus Health, Safety and Wellness Division

Applicant's certification recorded in UQSafe-Certifications	Date / Signature
Yes No	
HSW Advisor name:	
Approval reference	