

Application Form: Corporate Credit Card Haz Sub / DG Purchase Prohibition Exemption

Application to request an exemption to the prohibition on purchasing Dangerous Goods (DG) and Hazardous Substances (Haz Sub) outside of the UniFi purchasing system as per the [UQ PPL Outgoing Payments Procedure](#) and associated documents.

Please forward completed form to the Health, Safety and Wellness Division hsw@uq.edu.au

End User of DG or Haz Sub		
Date of Application		
Item/s to be purchased on corporate credit card, including supplier		
Reason why purchase is not possible through the UniFi system		
Summary of control measures to minimise security and health and safety risks associated with the possession and use of the substance(s), or, UQSafe Risk Assessment ID # covering inventorying, tracking, usage, storing etc.		
Current licences/approvals if applicable (e.g. UQ SMP Poisons user Approval)		
Name of HSW Manager / local WHSC		
End User Name:	End User Signature:	Date:

Supervisor of End user		
Supervisor Name:	Supervisor Signature:	Date:

HSW Manager / Local WHSC		
HSW Manager / Local WHSC Name:	HSW Manager / Local WHSC Signature:	Date:

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THE UNIVERSITY
OF QUEENSLAND
AUSTRALIA

CREATE CHANGE

UQ Corporate Card Holder (User or Supervisor or Finance Officer)	
Name (as it appears on the credit card)	
Role	
Organisational Unit	
Single or ongoing purchase? (maximum length of exemption for ongoing purchases is 12 months)	
Terms and Conditions	
<p>By submitting this form, I as the corporate card holder agree to the following:</p> <ul style="list-style-type: none">• I accept this exemption does not release me from my other responsibilities under the UQ PPL Outgoing Payments Procedure and associated documents.• I accept this exemption may be audited for compliance purposes.• I have informed my local area HSW Manager / local WHSC.• I accept that following the receipt of the DG or Haz Sub, I understand the requirements to update the relevant chemical inventory as appropriate.	
Corporate Card Holder Signature:	
Date:	

Advisory Team Consultant, Health Safety and Wellness Division	
Approved:	YES NO
Name:	
Position	
Signature:	
Date:	