

# Application Form: Corporate Credit Card HazSub/DG Purchase Exemption



CREATE CHANGE

**Application to Request an exemption to the restriction on purchasing Dangerous Goods (DG) and Hazardous Substances (Haz Sub): as per [PPL9.10.09 Corporate Credit Cards](#)**

Please forward completed form to [hsw@uq.edu.au](mailto:hsw@uq.edu.au)

End user of DG or Haz Sub	
<b>Date of Application</b>	
Item/s to be purchased on corporate credit card, including supplier	
Reason for purchase on corporate credit card	
Summary of control measures to minimise the security, health and safety risks associated with the possession and use. Or RA # ID.	
Life cycle of the chemicals: What are the controls in place for tracking, using and storing these chemicals? Inventorying.	
Current Licences/approvals (e.g. QLD Health Approval <i>UNIDOxx</i> ) if appropriate	
<b>Name of HSW Manager / local WHSC</b>	
<b>End user Name:</b> -----	<b>End user Signature:</b> -----

Supervisor of End user	
<b>Supervisor Name:</b> -----	<b>Supervisor Signature:</b> -----

Corporate Card Holder- as stated on UQ Corporate Card (User or Supervisor or Finance Officer)	
<b>Name:</b> (details as they appear on corporate credit card)	
<b>Role</b>	
<b>Organisational Unit</b>	
<b>Single or ongoing purchase?</b> (length of exemption MAX 12 months)	
<b>Terms and Conditions:</b> By submitting this form, I as corporate card holder agree to the following: (insert signature on the right hand side)	
I accept this exemption does not release me from my other responsibilities under the UQ	

Int use only: Ref Number:

Approval Date:

Valid until:

# Application Form: Corporate Credit Card HazSub/DG Purchase Exemption



**THE UNIVERSITY  
OF QUEENSLAND**  
AUSTRALIA

CREATE CHANGE

corporate card procedure (PPL 9.10.02 Corporate Credits).	
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.	

Director Health Safety and Wellness Division	
<b>Approved:</b> YES / NO	<b>Date:</b>
<b>Name:</b> _____	<b>Signature:</b> _____

Int use only: Ref Number:

Approval Date:

Valid until: