

**HAZARDS IN LABORATORIES**

**PF306**

**Examples of hazardous areas: PC2 Laboratories, Animal Houses, Instrument Counting, Wind Tunnels, Chemical Store, confined spaces, Glasshouses, Quarantine, Insectaries and Aquaria facilities, and Magnet, Radiation, Incubation, Cold rooms.**

To ensure the safety of Maintenance staff when undertaking maintenance/repairs in University laboratories the below is required:

1. Laboratory Manager / nominated staff member logs a work request using ARCHIBUS or in an emergency by phone using ext: 52222.
2. On being issued with the work request, Maintenance staff contact Laboratory Manager / nominated staff member to schedule a suitable time to undertake maintenance / repairs and to ensure decontamination is completed prior to work.
3. Laboratory Manager / nominated staff member to complete PF306; Part A PRIOR to commencement of any work and provide to Maintenance staff on arrival at Lab.

**PART A**

**1. Appointment Details:**

Appointment Time:	Appointment Date:        /        /
-------------------	-------------------------------------

**2. Laboratory Manager / Nominated Staff Member Details:**

Name:	Lab Manager Building No.:
Position Title:	Lab Manager Room No.:
Phone No.:	Work Order No. :

**3. Person Conducting Decontamination Details (If different from above):**

Name:	Phone No.:
-------	------------

**4. Site / Equipment Details:**

Nature of the hazard (*cross box*):     Chemical     Biological     Radioactive     Mechanical / Electrical

Describe chemical / bio-hazards that have been used in the equipment to be repaired:	<hr/>
--	-------

Is Personal Protective Equipment (PPE) required by Maintenance staff when repairing this equipment (i.e. gloves, safety glasses, etc):	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe: <hr/>
--	--

**5. Decontamination Details:**

Describe procedures that have been used to decontaminate room / equipment	<hr/>
---	-------

Has the immediate area and equipment to be repaired been decontaminated leaving it safe and clean for Maintenance staff to carry out repairs / maintenance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

For repairs of cupboards and confined spaces: – Has the space been adequately ventilated? – Is it necessary for Maintenance staff to wear breathing apparatus?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
--	--

**6. Declaration:**

By signing this form, you, the **Laboratory Manager (or nominated staff member)** agree the above information is true and correct.

Signature:	Date:        /        /
------------	-------------------------

**PART B**

**7. Completed Work Details:**

Name:	Name:
Signature:	Date:        /        /