HAZARDS IN LABORATORIES


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: __________________________
   Is Personal Protective Equipment (PPE) required by Maintenance staff when repairing this equipment (i.e. gloves, safety glasses, etc): □ Yes □ No
   If yes, please describe: __________________________

5. Decontamination Details:
   Describe procedures that have been used to decontaminate room / equipment: __________________________
   Has the immediate area and equipment to be repaired been decontaminated leaving it safe and clean for Maintenance staff to carry out repairs / maintenance? □ Yes □ No
   For repairs of cupboards and confined spaces:
   - Has the space been adequately ventilated? □ Yes □ No
   - Is it necessary for Maintenance staff to wear breathing apparatus? □ Yes □ No □ Yes □ 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: / / 

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