

# Poisons Approval Application – For Organisational Units



THE UNIVERSITY  
OF QUEENSLAND  
AUSTRALIA

CREATE CHANGE

The Head of Section must apply by this form for approval for the use of regulated poisons of low-risk for teaching and research as an Organisational Unit, as required for their position under the SMP. The approval will be valid from date of verification for the duration of their role at the Organisational Unit, or a change of legislation forces a change on the SMP, a rescindment of the UQ General Approval or other legislative changes, whichever comes first.

## Process

1. Head of Organisational Unit/Section (HoS - Division, School, Institute or Centre) completes form for an organisational unit endorsement;
2. Faculty Dean or relevant DVC signs the form for an organisational unit endorsement; if applicable
3. HoS Applicant sends application to the Health Safety and Wellness (HSW) Division at [hsw@uq.edu.au](mailto:hsw@uq.edu.au).
4. HSW Division verifies and records approval in UQSafe-Certifications and returns the recorded approval to the applicant.
5. HSWD Advisor sends recorded approval to the relevant organisational unit's DO ([Safety Contacts](#)).

## Step 1: Head of Section to Complete

### Your details

<b>Name</b>		<b>UQ User ID</b>	
<b>Position Title</b>			
<b>Email</b>		<b>Phone</b>	(07)
<b>Organisational Unit</b>			

### What schedule substances you'll use for your OU/Section? (Tick all that apply)

Select all that apply	
<input type="checkbox"/>	Schedule 2 substances (S2)
<input type="checkbox"/>	Schedule 3 substances (S3)
<input type="checkbox"/>	Schedule 4 substances (S4, not restricted)

### List your Drug and Poisons Officer/s (DO)

DO name

## Step 2: Head of Section Agreement

You must as a low risk regulated poisons Organisational Unit applicant ensure that all eligible users under your employment/supervision are trained and competent on the use of low-risk regulated poisons (schedule substances 2, 3 and 4-not restricted) for research and/or teaching, and they have risk assessed their activities. Namely, completed their mandatory online training and local inductions, and they follow the requirements listed in the UQ Substance Management Plan. I agree:

HoS name	Signature
Date	



## Step 3: Faculty Dean/DVC Approval

I confirm that the above staff member has been appointed to the office/section and I endorse the OG/section to be approved for the use of low-risk regulated poisons for teaching and research.

Name	Signature
Date	

## Step 4: Applicant to email form to HSW Division

Email: [hsw@uq.edu.au](mailto: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

## Step 5: HSW Division to action

Record of approval in UQSafe-Certifications		Date / Signature
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
HSW Advisor name		

Approval reference

Advisor to record signed approval under the reference number in UQSafe-Certifications module under 'Chemical/Drug and Poisons use approval'.

Advisor emails approved and recorded form to applicant, copying relevant DO/s.