

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: / /
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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.:
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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:	_____
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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: _____
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5. Decontamination Details:

Describe procedures that have been used to decontaminate room / equipment	_____
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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
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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

6. Declaration:

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

Signature:	Date: / /
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PART B

7. Completed Work Details:

Name:	Name:
Signature:	Date: / /