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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | WHS FORM | **WHS15** |
| **CHEMICAL HAZARDS APPLICATION** | *Page 1 of 3* |

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| *Office Use Only*  *Application No.:* |  |

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| **Application for approval to use chemicals or nanomaterials for research purposes** |

Research or teaching may require the use of hazardous chemicals thatarepathogenic, carcinogenic, teratogenic, or highly toxic, requiring special precautions to be taken in use or storage.

If you are intending to undertake teaching or research with chemicals meeting the criteria below you need to obtain prior approval from the University Chemical Advisory Safety Committee.

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| Are you intending to undertake teaching or research involving hazardous chemicals meeting the following criteria:   * chemicals with a Chemwatch Hazard Rating of **4** for **toxicity**, **reactivity** or **chronic** * **cytotoxic drugs** * **carcinogens** (GHS Carcinogenicity categories 1A or 1B) * **reprotoxins** (GHS Reproductive toxicity categories 1A or 1B) * **carbon nanotubes** or other **engineered nanomaterials** used or handled as a dry powder? | Tick if applicable |

When completed please forward this form as an attachment to: [chemsafety@unisa.edu.au](mailto:chemsafety@unisa.edu.au)

If you require any information or assistance in completing this form, please contact the University Chemicals Officer (8302 6838).

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| --- | --- |
| **Person submitting application:** |  |
| **Position title** |  |
| **Unit / Institute** |  |
| **Email address for communication:** |  |
| **Ethics Reference No (if applicable):** |  |

**APPLICATION**

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| **1** | **Project title *(Short descriptive title of no more than 20 words in length)*** | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Proposed commencement date** | | | |  | | | **Expected completion date** | | | |  | |
| **Period of use of the chemical hazardous substances. Please tick one box:** | | | | | | | | | | | | |
| **< 1 week** | |  | **1 -12 weeks** | |  | **> 3 months** |  | **1-2 years** |  | **3 years\*** | |  |
| ***Please note that approval can only be given for a maximum of three years. If the project is expected to exceed this time limit, a further application will need to be submitted prior to the 3 year expiry date.*** | | | | | | | | | | | | |

| **2** | **Chemical hazardous substances for which the Chief Investigator is seeking approval for use** | | | |
| --- | --- | --- | --- | --- |
| **Chemical name** | | **Physicochemical form  (e.g. liquid, powder, % solution)** | **GHS Classification/s**  **(e.g. Acute Toxicity (oral) Category 4)** | **Total quantity stored** |
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| **3** | **Justification** |
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| ***Clearly justify why the chemical is to be used*.** | |
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| **4** | **Individuals that will be handling the chemical hazardous substances** | | | | |
| **Applicant/s** | | **Supervisor/ Principal Researcher** | | **Other Worker** | **Other Worker** |
| **Title, Initial(s) and Surname** | |  | |  |  |
| **Current appointment** | |  | |  |  |
| **Unit/Institute** | |  | |  |  |
| **Extent of experience with this chemical/ process** | |  | |  |  |
| **Is this person** | | Male  Female | | Male  Female | Male  Female |
| **Will any students be using the chemical hazardous substances?** | | No  Yes | ***If yes, please list Student names:*** | | |

| **5** | **Safe Storage, Handling and Use** |
| --- | --- |
| **A risk assessment of the process in which the chemical substance(s) are to be used MUST BE COMPLETED AND ATTACHED TO THE APPLICATION FOR APPROVAL**  **The risk assessment process for Chemical hazardous substances can be found at:**  <http://w3.unisa.edu.au/safetyandwellbeing/SMS/forms/WHS12.docx> | |
| **From the risk assessment include a brief description of how the chemical hazardous substances will be used. Include comment on:**  **(a) Where the experiments using hazardous substances are to be conducted:** | |
|  | |
| **(b) What facilities are available for the safe handling of the substances:** | |
|  | |
| **(c) The concentration of the substances used in experiments and how it will be formulated:** | |
|  | |
| **(d) What safety precautions will be taken:** | |
|  | |
| **(e) A concise description of the experimental methodology:** | |
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| **6** | **Waste Management and Disposal** |
| **From the risk assessment include a brief description of how the chemical substances or their products be disposed of:**  **(a) During the period of experimentation?** | |
|  | |
| **(b) After conclusion of all planned experiments?** | |
|  | |

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| **7** | **Compliance with guidelines and statement of responsibility** | | |
| **I certify that I am aware of the University’s Safe Management of Chemicals procedure, that I will take responsible care with the use of the chemicals specified in this application, and that all involved staff and students will be properly instructed in the safe use and disposal of these substances. I acknowledge that this application and supporting documents may be added to the Committee’s library of chemical processes in order to assist future applicants. If I elect to opt out of this, I shall advise the Chair of the Committee*.*** | | | |
| **Supervisor/ Principal Researcher Name:** | | **Signature:** | **Date** / / |

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| --- | --- | --- | --- |
| **8** | **Certification by Executive Dean / Director** | | |
| **I certify that the project described in this application can be accommodated within the general facilities of my department and that appropriate facilities and procedures are in place for safe use of the chemicals or nanomaterials specified and I hereby consent to the work.** | | | |
| **Name:** | | **Signature:** | **Date** / / |