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| https://www-p.unisa.edu.au/styleguide/logos/images/logo_unisa_RGB-blue.png | WHS FORM  | **WHS70** |
| **PROJECT PROPOSAL SAFETY AUTHORISATION**Supports WHS procedure: Project Proposal Safety Authorisation | Page 1 of 2 |
| **Workplace:** | **Location:** | **Date:** |

This form is to be used to identify and manage potentially hazardous situations associated with research or student investigation projects. Hazardous situations may include the use of plant and equipment, devices, pressure vessels, hazardous chemicals, biological agents, fieldwork etc. Management of risks generally and chemicals specifically are covered by WHS Procedures: **Managing Workplace Health & Safety Risks** and **Safe Chemicals Management**.

Following completion of the project safety authorisation, approval MUST be sought from the relevant Head of School or Director of Research Institute for approval to proceed with the project.

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| --- | --- |
| **Project Title:** |  |
| **Academic Supervisor:** |  |
| **Researcher:** |  |
| **Student(s):** |  |
| **Technical Support Officer:** |  |
| **Proposed Start Date:** |  |
| **Expected Completion Date:** |  |
| **Locations to be Used:** |  |

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| --- |
| **Description of the Project/Research:** |
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**Safety Information:** please tick the appropriate box:

**1. Is existing University plant and equipment to be used as part of the project?** 🞏 Yes 🞏 No

If **No** and ‘in house’ or ‘one-off unique’ to the project designed plant and equipment is to be used **go to 2.**

If **Yes**, list the items of plant and equipment to be used in the project:

Have risk assessments (WHS41) been done for in house items of plant & equipment? 🞏 Yes 🞏 No

If risk assessments have not been completed for items of plant they must be completed prior to project approval. (See [WHS Procedure Managing Workplace Health & Safety Risks](https://i.unisa.edu.au/siteassets/human-resources/ptc/files/procedures/safety-and-wellbeing/managing_whs_risks.pdf)).

List the control measures from risk assessments to be implemented before the project commences:

Is “in house” or “one off” designed plant or equipment to be used as part of the project? 🞏 Yes 🞏 No

**2. Is eg pressurised equipment such as autoclaves, compressors, hydraulic systems, powered equipment, load bearing assemblies to be used in the project?** 🞏 Yes 🞏 No

If **Yes,** please provide details of the plant or equipment and a list of risk assessment(s) for use in the project.

**NOTE:** Where design calculations are critical for the safe operation of equipment that has been

manufactured specifically for a research or student project then a compliance certificate must be

provided by a competent person. This refers to equipment such as pressurised systems, force

bearing frames and assemblies, electrical installations. For pressure vessels manufactured specifically

for a research or student project, design calculations for the vessel & components along with

details for pressure testing and certification are to be provided.

List the training that is to be provided before commencement of the project to ensure that staff/students are competent:

1. **Is it likely that scope of the research or project may change in the life of the research or project and new potential hazard(s) are possible from the change of scope?** 🞏 Yes 🞏 No

 If **Yes,** a change of scope of a research or student project will require an evaluation of the new potential hazard(s) along with **authorisation** of the conditions to effectively manage the risks associated with the change.

 **If the answer to any of the questions in sections 1, 2, or 3, is** **Yes**, complete a Risk Assessment in accordance with [WHS Procedure Managing Workplace Health & Safety Risks](https://i.unisa.edu.au/siteassets/human-resources/ptc/files/procedures/safety-and-wellbeing/managing_whs_risks.pdf) and form [WHS41](https://i.unisa.edu.au/siteassets/human-resources/ptc/files/forms/safety-and-wellbeing/whs41.docx) – Plant Hazard Identification and Risk Assessment and attach risk assessments to this proposal.

**Project is authorised subject to the following conditions:**

**Approvals:**

**Relevant person(s) to verify completion of the above:**

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| --- | --- | --- |
| **Academic Supervisor:** |  | **Date:**  |
| **Researcher:** |  | **Date**  |
| **Student(s):** |  | **Date**  |
| **Technical Support Officer:** |  | **Date:**  |

**PROJECT AUTHORISATION:**

**EXECUTIVE DEAN/DEAN OF RESEARCH/DIRECTOR OF RESEARCH INSTITUTE**

Signature Date:

Name