



Disposal Notice

About this form

✓ **Obligations for purchasers/disposers of plant and equipment**

The person disposing of the item assumes the obligations of a supplier. Division 5 of the Work Health and Safety (WHS) Regulation confers obligations on suppliers to provide information to the purchaser in relation to the safety, hazards, warnings and safe operation of the plant. This information must include documents and instructions from the item's manufacturer. The supplier must also provide written notice of the condition of the plant and identify any faults. The item must not be used until the faults are rectified. If the item is disposed of as scrap or spare parts it must be marked, and information provided in writing, identifying that it is not to be used as operational plant.

Contact the Health Safety and Wellbeing team for assistance regarding meeting your WHS obligations safety@csu.edu.au

✓ Please use this form to notify the Radiation Safety Committee (RSC or committee) of the apparatus or substance that has been disposed of.

✓ **This Disposal Notice must be sent to Radiation Monitoring (radmon@csu.edu.au) and the RSC (radiationsafety@csu.edu.au) within 3 business days of the item being removed.**

Completing the form

DO NOT COMPLETE THIS FORM IN A WEB BROWSER. You will not be able to save your data or sign the form in a browser. First SAVE this form, then OPEN the file in Adobe Acrobat Reader or Adobe Acrobat Pro.

- The **Primary Contact** is responsible for completing and submitting this form to radiationsafety@csu.edu.au .
- Electronic files with digital signatures are preferred.
- If you have any questions, please contact radiationsafety@csu.edu.au

Submitting the report

1. Before submitting, remember to attach any additional documents, such as such as copies of radiation licences, written approvals or additional pages of information relating to this form.
2. Ensure that **this form has been signed** before submitting the notice.
3. For RSC agenda closing dates, see the [RSC Meeting Schedule](#)
4. Submit the application to radmon@csu.edu.au and radiationsafety@csu.edu.au

All staff involved must have completed the Radiation General Induction training module online **before** they commence any work with radioactive substances or irradiating apparatus. Staff members can enrol themselves in the course, or contact the ELMO team (elmo@csu.edu.au) for enrolment assistance.

Notification of outcome

The nominated **Primary Contact** will receive notification of outcome by email once the request has been considered.

Do not assume a request has been granted until written approval has been received from the committee

1. Primary contact

Full name (<i>incl. title</i>)		
Staff/Student ID		
Email		
Work phone		
Mobile phone		
School / Faculty / Organisation / Unit		
Campus / Location		
Radiation user licence no (attach a copy) and expiry date		Expiry:
Radiation user licence condition/s		

2. Apparatus / Substance / Laser Device Details

This notice is for disposal of:	<input type="checkbox"/> irradiating apparatus	<input type="checkbox"/> radioactive substances
	<input type="checkbox"/> Class 3B or Class 4 laser device/s	
Apparatus / Substance / Laser Device		
Manufacturer (<i>for apparatus & laser devices</i>)		
Serial Number (<i>console/generator</i>)		
CSU Asset number		
Regulated Material ID Number (<i>from CSU licence</i>)		
Location of equipment prior to disposal (<i>incl building and room number</i>)		
Disposed or bought by		
Disposer/Buyer Address		
Disposer/Buyer Radiation Licence No. & expiry date		Expiry:
Disposer/Buyer Licence conditions		



Briefly describe the disposal method and other relevant details

The Certificate of Disposal:

- is attached OR
- will be forwarded later to radmon@csu.edu.au and radiationsafety@csu.edu.au

3. Signatures

3.1 Primary Contact

Declaration

By signing below, I confirm that all relevant stakeholders have had the opportunity to review the information above prior to submission of this form.

Primary Contact's Full Name		
Primary Contact signature and date:		Date:

3.2 Supervisor

Supervisor's Full Name <i>(if applicable)</i>		
Primary Contact signature and date:		Date:



Submit form and attachments to radmon@csu.edu.au and radiationsafety@csu.edu.au

Approval - RSC Use Only

Protocol Number

Signature

Date

RSC Presiding Officer

