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| **Applicant details** |
| Name |  |
| Staff / student number |  |
| Position / role |  |
| Contact number |  |
| Campus |  |
| School |  |
| Building number/s |  |
| Name of your supervisor |  |

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| **Project details** |
| Project title*(Max 240 characters)* |  |
| Brief description of project*(Max 320 characters)* |  |
| Duration: *(start and finish dates)* |  |
| Project supervisor / co-supervisor |  |
| Cost centre code (FOAP) |  |  |  |  |

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| **General information** |
| *This form is to be completed by all workers where their period of engagement within the facility is greater than four weeks.**All documentation must be completed and returned to the relevant technical area manager. Access to the facility is only granted once the forms have been assessed.*Any specific experimental training will be provided by your supervisor.Risk assessments must be updated and resubmitted for assessment when new project activities, processes or chemicals are introduced.Accurate chemical registers must be maintained for the chemicals you work with.  |

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| **Areas to be accessed** |
| [ ]  Afterhours access | [ ]  Field | [ ]  Glasshouse |
| [ ]  Instrument Lab | [ ]  Liquid Nitrogen | [ ]  Microscopy |
| [ ]  PC1 | [ ]  PC2 | [ ]  PC2 Glasshouse |
| [ ]  QAP | [ ]  Teaching Space | [ ]  Other: |
| Detail any specific equipment requirements |  |
| Detail any environmental requirements |  |
| Detail any other requirements |  |
| Detail any project incompatibilities |  |

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| **General access requirements** |
| I understand I am required to have completed and provided the relevant documentation to the relevant technical area manager for the following for my application to be assessed: |
| [ ]  | All risk assessments are completed, signed, reviewed and approved by your supervisor for all activities relevant to the project. |
| [ ]  | All chemical related inventories, risk assessments, safety data sheets and safe work procedures have been provided. |
| [ ]  | All waste associated with the project has been assessed through the completion of risk assessments and safe work procedures in accordance with Faculty of Science guidelines and procedures. |
| [ ]  | Biosafety 1 – Biosafety 1 principle has been completed and certificate has been provided. |
| [ ]  | ChemFFX – Online training has been completed and certificate has been provided. |
| [ ]  | chemicalsafety@CSU – ELMO online training completed and certificate has been provided. |
| [ ]  | All relevant inductions have been completed or have been scheduled for completion. |

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| **Specialist areas - access requirements**  |
| **PC2**  |
| [ ]  | ***PC2 Access is not required (check box and move onto next section)***  |
| [ ]  | Biosafety 2 – biosafety 2 principles have been completed and certificate provided |
| [ ]  | I have completed the PC2 induction and received the information regarding the behaviour requirements in part C of the guidelines for certification of a PC2 laboratory.  |
| [ ]  | I will work in accordance with the OGTR Guidelines [(Link)](http://www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/cert-pc2-1) and the associated Australian Standards AS/NZS 2243.3:2010 safety in laboratories – microbiological and containment. (www.ogtr.gov.au/internet/ogtr/publishing.nsf/Content/cert-pc2-1) |
| [ ]  | I must comply with the requirements for individual workers as outlined in the PC2 laboratory manual and the [Biosafety Manual](https://cdn.csu.edu.au/__data/assets/pdf_file/0004/3052381/Biosafety_Manual-June-2018.pdf). |
| [ ]  | I will provide the facility manager with copies of all risk assessments, GMO dealing approval letters, licence requirements, permits, SDS’s and SWP’s relating to the work I intend to carry out within the facility. |

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| **QAP** |
| [ ]  | ***QAP Access is not required (check box and move onto next section)***  |
| [ ]  | I have fulfilled the requirements for PC2 laboratory access as per authority for PC2 access above. |
| [ ]  | I have completed the [Approved](https://www.aitgb.com.au/) Arrangement Accreditation for AA Accredited Persons (Classes 1-8) and certificate has been provided. |
| [ ]  | I hold current accreditation to work in a QAP facility (re-accreditation due every 2 years). |
| [ ]  | I understand I must comply with the documentation requirements and general policies as outlined at [Biosafety Australia](http://www.agriculture.gov.au/biosecurity/australia) |
| [ ]  | I will provide the facility manager with copies of all risk assessment, permits, QAP dealing approval letters, licence requirements, permits, SDS’s and SWP’s relating to the work I intend to carry out in the facility. |

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| **Radiation Facility** |
| [ ]  | ***Radiation Facility Access is not required (check box and move onto next section)***  |
| [ ]  | I have approval from the radiation safety committee (RSC) to work with radiation and a copy of the approval has been provided to the facility manager. |
| [ ]  | I have a current NSW EPA Radiation Licence Certificate and have submitted a copy of the certificate to the facility manager, OR I am a student working under a supervisor with an exemption authority and I have submitted a copy of RSC 9 form exemption to the facility manager. |
| [ ]  | I understand that I must comply with the requirements for individual workers as outlined in the [CSU Radiation Management Plan](https://cdn.csu.edu.au/__data/assets/pdf_file/0011/2693684/rmp.pdf) and any associated Faculty of Science safe work procedures and guidelines. |

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| **Signature and authorisation** |
|  | Name | Signature | Date |
| Applicant |  |  |  |
| Supervisor |  |  |  |
| Facility Manager |  |  |  |
| Head of School / Centre Director |  |  |  |