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This form is to be attached to a ['Print Requisition Form'](#) and forwarded directly to Print & Distribution Services.











If you have any questions about the completion of this order form or the signs themselves, please contact the WHS unit on extension 3931 or whs-admin@uow.edu.au.





SECTION 1: Ordering Details				
Requisition No:		Date: / /		
Contact Name:		Extension:		
Email: <i>(The Printery will send an electronic copy of the sign requested to the contact email address above for final checking)</i>				
Number of Laminated A3 Signs Required (\$8 each):				
SECTION 2: Location Details				
Name of Location (eg 41.G53 Radiation Waste Store):				
Faculty/Division:		School/Unit:		
Supervisor Name:		Contact Number:		
After Hours Contact Name:		Contact Number (optional):		
Campus: <input type="checkbox"/> Batemans Bay <input type="checkbox"/> Bega <input type="checkbox"/> Innovation Campus <input type="checkbox"/> Liverpool <input type="checkbox"/> Loftus <input type="checkbox"/> Moss Vale <input type="checkbox"/> Shoalhaven <input type="checkbox"/> Wollongong				
SECTION 3: Hazards in the Area				
Dangerous Goods				
<input type="checkbox"/> 1 Explosive 	<input type="checkbox"/> 2.1 Flammable gas 	<input type="checkbox"/> 2.2 Non-flammable, non-toxic gas 	<input type="checkbox"/> 2.3 Toxic gas 	<input type="checkbox"/> 3 Flammable liquid 
<input type="checkbox"/> 4.1 Flammable solid 	<input type="checkbox"/> 4.2 Spontaneously combustible 	<input type="checkbox"/> 4.3 Dangerous when wet 	<input type="checkbox"/> 5.1 Oxidising substances 	<input type="checkbox"/> 5.2 Organic peroxides 
<input type="checkbox"/> 6.1 Toxic substances 	<input type="checkbox"/> 6.2 Infectious substances 	<input type="checkbox"/> 7 Radioactive material 	<input type="checkbox"/> 8 Corrosive substances 	<input type="checkbox"/> 9 Miscellaneous 

Physical Hazards				
<input type="checkbox"/> Confined space 	<input type="checkbox"/> Extreme cold <input type="checkbox"/> Extreme heat 	<input type="checkbox"/> High noise area 	<input type="checkbox"/> Ionising radiation 	<input type="checkbox"/> Non-ionising radiation 
<input type="checkbox"/> UV 	<input type="checkbox"/> Other: 			

Plant & Equipment Hazards				
<input type="checkbox"/> Crush 	<input type="checkbox"/> Electrical 	<input type="checkbox"/> Forklift in use 	<input type="checkbox"/> High voltage 	<input type="checkbox"/> Hydraulic pressure 
<input type="checkbox"/> Laser  LAZER BEAM HAZARD	<input type="checkbox"/> Magnetic field 	<input type="checkbox"/> Welding 	<input type="checkbox"/> Other: 	

Other Hazards				
<input type="checkbox"/> Asphyxiation  WARNING	<input type="checkbox"/> Biological  BIOLOGICAL HAZARD	<input type="checkbox"/> Cryogenics 	<input type="checkbox"/> Cytotoxic 	<input type="checkbox"/> Heights 
<input type="checkbox"/> High oxygen 	<input type="checkbox"/> Other: 			

SECTION 4: Precautionary Measures Required				
<input type="checkbox"/>  Eye protection must be worn <input type="checkbox"/> Goggles <input type="checkbox"/> When necessary	<input type="checkbox"/>  Eye and hearing protection must be worn <input type="checkbox"/> When necessary	<input type="checkbox"/>  Face protection must be worn <input type="checkbox"/> Welding mask <input type="checkbox"/> When necessary	<input type="checkbox"/>  Foot protection must be worn <input type="checkbox"/> Enclosed <input type="checkbox"/> Impervious <input type="checkbox"/> Steel capped <input type="checkbox"/> When necessary	<input type="checkbox"/>  Hand protection must be worn <input type="checkbox"/> When necessary
<input type="checkbox"/>  Head protection must be worn <input type="checkbox"/> When necessary	<input type="checkbox"/>  Hearing protection must be worn <input type="checkbox"/> When necessary	<input type="checkbox"/>  Long hair must be contained or covered <input type="checkbox"/> When necessary	<input type="checkbox"/>  Protective body clothing must be worn <input type="checkbox"/> When necessary	<input type="checkbox"/>  Respiratory protection must be worn <input type="checkbox"/> Half face mask <input type="checkbox"/> Full face mask <input type="checkbox"/> When necessary

<input type="checkbox"/>  Keep walkways clear	<input type="checkbox"/>  Ventilated area required for storage	<input type="checkbox"/>  Strictly no admittance without supervision	<input type="checkbox"/>  Fire, naked flame and smoking prohibited	<input type="checkbox"/>  Water not suitable for drinking
<input type="checkbox"/>  No pedestrian access	<input type="checkbox"/>  Smoking prohibited	<input type="checkbox"/>  No eating or drinking	<input type="checkbox"/>  Do not wear thongs	<input type="checkbox"/> Other: 
SECTION 5: Facilities				
<input type="checkbox"/> Fire equipment 	<input type="checkbox"/> Chemical spill kit 	<input type="checkbox"/> Biohazard spill kit 	<input type="checkbox"/> Mercury spill kit 	<input type="checkbox"/> Cytotoxic spill kit 
<input type="checkbox"/> First aid kit 	<input type="checkbox"/> Safety shower 	<input type="checkbox"/> Eyewash station 	<input type="checkbox"/> Safety shower & eyewash station 	<input type="checkbox"/> Emergency power shut down available 
<input type="checkbox"/> Other: 				