

Sigma-Aldrich Pty Ltd
ATTN: RMTTC Team
Suite 1, Level 1, Building B
11 Talavera Rd
Macquarie Park, NSW 2113



UNIVERSITY
OF WOLLONGONG
AUSTRALIA

Date:

SUPPLY OF SCHEDULE 2, 3, 4 and 7 (INCLUDES HD Sch 7) POISONS

I am the scientifically qualified person whose area of responsibility is:

Faculty:

School:

Unit:

Laboratory:

In accordance with the NSW legislation i.e. [Poisons and Therapeutic Goods Act 1966](#) and the [NSW Poisons and Therapeutic Goods Regulation 2008](#) (Appendix C, Clause 19), I am qualified to receive Schedule 2, 3, 4 and 7 poisons and restricted substances for use by people under my direct supervision within our laboratory.

I also declare that all sites under the University of Wollongong management system comply with the requirements outlined in the [Poisons and Therapeutic Goods Regulation 2008](#) for storage and handling of these products.

Below is a general statement on how products supplied will be used:

If you require any further information, please contact me on:

Telephone:

Email:

Signed by:

Name:

Position:

Qualifications: