



**College of Medicine and Public Health  
Checklist for Approval to Work “Out of Hours” in a High Risk Environment**

**Name:**..... **Supervisor (Name):**.....  
**Position:**..... **Supervisor contact ph:**.....  
**Discipline / Area:**..... **Emergency contact:**.....  
**Location (rooms):**..... **Emergency contact ph:**.....

All of the Competencies / Tasks identified below must be successfully completed prior to approval being granted for personnel to work “Out of hours” in a high risk environment e.g. laboratory, workshop, cold storage facility etc. Researchers must be working competently within the specific high risk environment prior to being granted access to work “Out of hours” by their supervisor. Monday to Friday 8 am until 6 pm is deemed to be “normal working hours”. Under-graduate students are not permitted to work “Out of hours”.

Successful Completion of Competency / Tasks:	Successfully Completed Y / N	Comments if applicable
Local Induction for the work area.		
Training (documented) in the use of applicable equipment.		
Completion of Risk Assessments (RA) for all protocols to be undertaken (RA signed by supervisor). <b>NO HIGH RISK PROTOCOLS ARE TO BE PERFORMED</b>		
Completion of applicable Safe Work Procedures (SWP)		
Demonstrated competency to follow safe work procedures including the use of PPE, waste disposal, chemical usage, cleanliness, emergency procedures		
Demonstrated competency to access and comprehend Safety Data Sheets (SDS) for hazardous chemicals		
Other – (any applicable additional competencies)		
<b>Expectations:</b>	<b>Notified Y/N</b>	<b>Comments if applicable</b>
Emergency Procedures will be followed including evacuation		
Not permitted to provide access to the building or laboratory to anyone who has not been granted permission		
If feeling unwell or taking prescription / recreational drugs which may cause drowsiness – access is not permitted		
Supervisor must be notified prior to any times when “Out of hours” access is required. If supervisor absent the next most senior person (as agreed) must be notified. Method and frequency of notification to be determined locally.		
Access is <b>not permitted</b> between 11 pm and 6 am (Unless specifically required and permission granted by supervisor)		
Other – (any applicable additional expectations)		
<b>Children are not permitted</b> in the High Risk Environment and must be supervised at all times in other areas		
Whenever possible coordinate with other researchers the time of access to reduce the chance of working alone		

I .....acknowledge that if I am granted permission to work “Out of hours” I will only perform the tasks / protocols that I have been permitted to undertake by my supervisor. I will follow all safety procedures and follow each “Expectation” as listed above. If at any stage these requirements are not followed I understand that my approval for “Out of hours work” will be withdrawn.

Signature (Researcher):..... Date:.....

**Permission Granted by Supervisor: Yes / No**

**If yes, the dates permission is granted for: From .....to.....**

**Special Comments / Conditions determined by Supervisor:.....**

**Supervisor (Name) ..... Signature:..... Date:.....**

[ ] **Please retain this Checklist with your areas Work Health and Safety Documentation.**

[ ] **Please email this Checklist to [cmph.WHS@flinders.edu.au](mailto:cmph.WHS@flinders.edu.au)**