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STAFF / HDR EXIT CHECKLIST

Work Health and Safety

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| **NAME:** | **POSITION:** |
| **FINAL DATE:** | **COLLEGE/PORTFOLIO:**  **LOCATION:** |
| **SUPERVISOR:** |  |

***This form is to be completed and returned to your Supervisor prior to leaving the University***

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| **Mark each item as Y/N/ NA as actions are completed.** |  |
| **GENERAL** | **C****ompleted?**  Y/N/ NA |
| Are you a Fire Warden/ First Aider for the building?  If yes please inform the WHS Unit and Chief Warden / First Aid Coordinator. |  |
| Are you a Health and Safety Representative (HSR)?  If yes please inform the WHS Unit |  |
| Have all Risk Assessments, Safe Work Procedures or any other manuals or safety documentation you have developed been copied to the College/ Portfolio shared drive or equivalent and provided to your supervisor? |  |
| Have all records of WHS inductions and training you have been responsible for been stored in appropriate shared drive or other location and accessible to the College/ Portfolio? |  |
| Have you left your work area in a clean and tidy condition, safe and cleared of all unwanted materials – including office, lab areas, fridges and freezers? |  |
| **HAZARDOUS CHEMICALS** | **Completed?**  Y/N/ NA |
| Have all chemicals (including waste) no longer required been appropriately labelled and safe disposal arranged? |  |
| Have all chemical registers (e.g. Chemwatch, regulated chemicals) been updated to reflect those chemicals that have been disposed of? |  |
| Have all chemicals that **must** be kept been appropriately labelled, stored in a safe manner, organised to be transferred to a Supervisor or appropriate staff member and all registers updated? |  |
| Has the WHS Unit been notified of the disposal or transfer of any of the following?   * + Prohibited and restricted carcinogens   + Security Sensitive Ammonium Nitrate   + Controlled substances (Schedule 8 and 9 Drugs and Poisons) and Regulation 25 |  |
| If shipment / transport of chemical materials to another institution is to occur, has this been risk assessed and transportation organised via a qualified Dangerous Goods transport provider?  Notify the WHS Officer if unsure of requirements. |  |
| **BIOLOGICAL OR ANIMAL** | **Completed?**  Y/N/ NA |
| Can you confirm that any GMO samples, biological materials (including tissue and blood) and any other samples/specimens have been appropriately disposed of? |  |
| Have you ensured that all material/ samples which need to be retained are properly labelled, stored and recorded appropriately (including future disposal date if relevant)? |  |
| Have you decontaminated and cleaned your laboratory space and any associated equipment? |  |
| Have you notified the Biosafety Officer if you plan to transfer or transport any biological materials to another researcher or institution? |  |
| Have you made appropriate arrangements pertaining to animal health and safety for any remaining research animals?  (Contact the Animal Facility to arrange either disposal or transfer). |  |
| If you intend to transfer any animals to another researcher or new institution, have you contacted the Manager, Animal Facility and Animal Ethics to obtain approval and to complete the appropriate transfer forms and Ethics records? |  |
| **RADIATION** | **Completed?**  Y/N/ NA |
| Have you ensured that all radioactive sources, samples, waste and/or apparatus which need to be retained are properly labelled, stored safely and details recorded?  Note - information must be provided toUniversity Radiation Safety Officer (RSO) and the WHS Unit. |  |
| Have you returned all monitoring devices/badges to the local area RSO? |  |
| Do you need to organise disposal of any radioactive materials?  Note - If any radioactive material needs to be disposed of this must be done with **prior** permission of the EPA and the University Radiation Safety Officer (RSO) |  |
| Has all Radiation apparatus been left in a safe state and all safety documentation, reports, training and maintenance logs been provided to the RSO and the WHS Unit? |  |
| **OTHER CONSIDERATIONS** | **Completed?**  Y/N/ NA |
| Has all safety equipment been returned (e.g. ergonomic equipment, tools, satellite phone, spot device, first aid kits)? |  |
| Have all outstanding FlinSafe actions for field trips, hazards or corrective actions assigned to you been completed and closed off? |  |
| Has plant / equipment been left in a safe and clean state? |  |
| Have maintenance logs, registers and training information been provided to your supervisor? |  |
| Have you notified your supervisor of any plant / equipment that is no longer required? |  |

**Staff / HDR signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_