Safety Office

Information required for procedure involving use of Carcinogen/Mutagen/STRs

The following sheet should be completed and appended to the procedural and/ or substance risk assessment.

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| --- | --- |
| **School & Division** |  |
| **Name of PI /Responsible scientist** |  |
| **Location of work** |  |
| **Title of procedure** |  |
| **Name of Carcinogen/Mutagen/STR** |  |
| **Form [liquid/solid/gas]** |  |
| **Quantity normally used per procedure** |  |
| **Name & Signature of Person approving process** |  |

**STAFF INVOLVED IN PROCEDURE & AUTHORISED AS COMPETENT**

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| --- | --- | --- | --- |
| **NAME OF WORKER** | **DATE STARTED WORK ON PROCESS** | **DATE WORK CEASED** | **SIGNATURE OF PI** |
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**STAFF INVOLVED IN PROCEDURE & AUTHORISED AS COMPETENT [continuation sheet]**

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| **NAME OF WORKER** | **DATE STARTED WORK ON PROCESS** | **DATE WORK CEASED** | **SIGNATURE OF PI** |
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