



PROHIBITED OR RESTRICTED CARCINOGEN

WORKER REGISTRATION FORM

To be completed and **returned** to the Work Health and Safety Unit. The personal information on this form is confidential and will not be supplied to others without your permission.

Surname Title

Other names

College/Portfolio.....Telephone

Home address

Home telephoneSexDate of Birth

Position held in the university (please circle the appropriate description)

STAFF: Academic Post-doc General

STUDENT: Postgraduate Honours Undergraduate

OTHER: (please describe)

Name of Prohibited or Restricted Carcinogen to be used:

-
-

Reason for use (e.g. research or analysis)

.....

Date of commencing work with the carcinogen

Estimated Quantities to be used (per year)

Estimated Frequency of Exposure (e.g. number of times per week/ month).....

Numbers of Workers that maybe exposed within that work area.....

Building name and room number(s) where you will work with these chemicals.....

.....

Supplier details.....

.....

Have you attended a hazardous chemical training session YES NO

EACH OF THE POINTS BELOW MUST BE ADDRESSED AND EVIDENCE PROVIDED PRIOR TO USE OF THESE CHEMICALS.

RISK MANAGEMENT PROCEDURES MUST BE PROVIDED INCLUDING:

- Have you considered whether the Prohibited or Restricted Carcinogen can be **substituted** with a safer alternative substance?
- Storage details – location, record management, security.
- Risk Assessment & Safe Work Procedures (SWP) -(you may provide reference numbers to your documents stored at College/Portfolio level).
- Controls identified to prevent exposure.
- Spill and Emergency procedures.
- Decontamination and Waste disposal procedures.

I hereby acknowledge the information provided to be correct and that risk management practices detailed above are in place.

Signature **Date**

Supervisor Name **Signature**

STATEMENT OF EXPOSURE

All workers at the end of their employment/study are entitled to a written statement of the following:

- Name of Prohibited or Restricted carcinogen that they were exposed to.
- Time of exposure.
- Any data the University may hold in terms of health assessments or biological monitoring (where relevant).

WHS OFFICE USE – The following information has been provided.

Workers personal details provided	<u> </u> YES / NO
Risk Management details provided	<u> </u> YES /NO
Statement from a competent person (Dean of Research) or delegate	<u> </u> YES / NO
Is exposure significant – Biological or Health surveillance required?	YES / NO
Training has been provided	YES / NO

HAVE YOU PREVIOUSLY WORKED WITH RESTRICTED OR PROHIBITED CARCINOGENS AT FLINDERS UNIVERSITY OR ELSEWHERE? IF YES COMPLETE THIS PAGE

Details of your most recent previous workplace in which you used restricted or prohibited carcinogens.

Employer

Address

Dates employed

Have you previously had to undertake biological or health monitoring for this work? **YES NO**
If **YES**

At which organisation When

Have you **ever** previously worked with these carcinogens at Flinders University? **YES NO**
If **YES**

Department in which you previously worked

Approximate period in which you previously worked in the university

AUTHORISATION FOR RELEASE OF PREVIOUS RESTRICTED OR PROHIBITED CARCINOGENS EXPOSURE DATA

I authorise the relevant previous Employer identified below

.....

to release all the relevant available details of my restricted or prohibited carcinogens exposure history to the Work Health & Safety Associate Director of Flinders University - South Australia.

I was engaged in work with restricted or prohibited carcinogens at the above organisation during the period

fromto

My position in the organisation was

Please forward my restricted or prohibited carcinogens exposure history directly to:

The Associate Director
Work Health and Safety Unit
Flinders University of South Australia
BEDFORD PARK
South Australia 5042
AUSTRALIA

Signed

Name Date

STATEMENT FROM A COMPETENT PERSON

This statement is to be signed by Dean of Research or Portfolio Director or Delegate

I hereby agree that the Risk Management procedures identified in the application are adequate for the work being undertaken and will be implemented prior to the identified use, handling or storage of the restricted or prohibited carcinogens (as referred to in Schedule 10 of the Work Health & Safety Regulations 2012).

Name of Competent Person:

Position:

Qualifications:

.....
.....

Date of approval:

Signature:

STATEMENT FROM Vice-President and Executive Dean

This statement is to be signed by Vice-President and Executive Dean & returned to the WHS Unit
whs@flinders.edu.au

I hereby agree that the Risk Management procedures identified in the application are adequate for the work being undertaken and will be implemented prior to the identified use, handling or storage of the restricted or prohibited carcinogens (as referred to in Schedule 10 of the Work Health & Safety Regulations 2012).

Name of approver:

Date of approval:

Signature:

Prohibited & Restricted Carcinogens Table 10 - from the Work Health & Safety Regulation 2012

Prohibited Chemical
2-Acetylaminofluorene [53-96-3]
Aflatoxins
4-Aminodiphenyl [92-67-1]
Benzidine [92-87-5] and its salts (including benzidine dihydrochloride [531-85-1])
bis(Chloromethyl) ether[542-88-1]
4-Dimethylaminoazobenzene [60-11-7] (Dimethyl Yellow
2-Naphthylamine [91-59-8] and its salts
Chloromethylmethyl ether [107-30-2](technical grade which contains bis (chloromethyl)ether).
4-Nitrodiphenyl [92-93-3]

Restricted Carcinogen
Acrylonitrile [107-13-1]
Benzene [71-43-2]
Cyclophosphamide [50-18-0]
3,3'-Dichlorobenzidine [91-94-1] and its salts (including 3,3'-Dichlorobenzidine dihydrochloride [612-83-9])
Diethyl sulfate [64-67-5]
Dimethyl Sulfate [77-78-1]
Ethylene dibromide [106-93-4]
4,4'-Methylene bis(2-chloroaniline) [101-14-4] MOCA
3-Propiolactone [57-57-8] (Betapropiolactone)
o-Toluidine [95-53-4] and o-Toluidine hydrochloride [636-21-5]
Vinyl chloride monomer [75-01-4]