



## Safety Review Form for University Activities

Including Research, Teaching, and other activities / events

V 5 updated Sept 2020

Instructions: for using this form are available via this button. Please save a copy to your desktop or another location to prevent any data loss.

### REQUIREMENTS: Please read requirements first and then work through each section of the form sequentially

To comply with the requirements of the Work Health and Safety Act 2011, all staff responsible for University of Newcastle related activities (Research, Teaching, or other activities such as events or overseas placement) which may involve hazards or risk are required to undertake a risk assessment for each project or activity (irrespective of funding source and includes unfunded projects or activities). There are two levels of assessment review:

Local Assessment Reviews are managed by the School / Faculty / Discipline / Research Institute or Priority Research Centre

Escalated Assessment Reviews are directed to the Health and Safety Team for referral to a Technical Committee (IBC or CRTC), Subject Matter Expert, Deputy Vice-Chancellor, or other appropriate agency for assessment of hazards or risks and control measures which are either unable to be assessed at the local level, or involve GMOs, pathogens of risk group 2 or higher, or specific classes of hazardous chemicals (refer Chemical list below) or radiation, high risk travel or fieldwork.

Further details regarding Assessment Reviews are available via the button in section E. Hyperlinks to other websites or documents appear underlined in blue. UON Health and Safety Framework and Key Risk Area (KRA) documentation which may be applicable is available via [this weblink](#). Complete all applicable fields within the form, and indicate Yes or No for each question wherever required.

Office Use Only - Ref # : L1 1-2025

Status : Finalised

Type : Other / Event

New/Res/ Var : Variation

### Section A - Project or Activity Details:

Is this activity or project related to Research, Teaching, or another type of activity such as an event or overseas placement ?  Research  Teaching  Another activity type (for eg an Event)

Is this a new activity or project, variation to an existing project (within 5 years) or resubmission of a project (due to age greater than 5 years) ? Indicate using button:  New  Variation  Resubmission

#### Variation or resubmission of Project or Activity

**Variation:** Only complete the sections of this form relating to the variation, then use the fields below to identify and record section(s) of the form or supporting documents which have varied from the previously approved submission or variation (you must identify all changes or additions including identifying any new attachments or amendments to attachments). A maximum of 5 variations is permitted, after which the project must be resubmitted for full review. Attach the most recent copy of your originally approved form (or most recent approved variation) to this application in order to assist the reviewer.

**Important:** You should include specific details of all variation changes (for e.g. "New Chemical ABC added to Chemical Hazard page", "New Mouse strain XYZ added to Animal Hazard page", "New Project Team Member (Name) added", "New procedure added in section D and SOP attached", "Project title change from X to Y". If adding new research personnel requiring access to any OGTR certified facility the personnel must complete the record of training: [OGTR Certified Facility Authorised Person form](#) and read the associated guidelines - this should be forwarded with the variation Application. In addition, you will need to complete items in Section E of this form relating to persons involved in the research project. Failure to specify details may delay the processing of your application for variation if it is not clear what has been altered.

**Resubmission:** Complete all sections of this form relating to the project. The resubmission should identify only all of the current and future hazards that are applicable. All supporting documentation such as Standard Operating Procedures (SOPs) should be reviewed, and updated including details of author and date of review.

Add variation or resubmission

Brief descriptor of the reason for the variation or resubmission

Existing Reference Number:

Slight detail change due to new year

L1 21-2024 and L1  
82-2023

Specific details of the changes (additions or deletions) which have occurred or of the differences which are present in this current variation / resubmission should be recorded here. Please be as specific as possible with details provided here.

Activity dates, PVC contact

Activity or Project Title:	BiG Day In		
Activity or Project Start Date	7 May 2025	End Date	7 May 2025
Activity brief description:	Expo and presentations, visiting year 9-12 students and industry exhibitors/presenters		
Supervisor responsible for activity or project name:	Tamara Tancred	Supervisor Phone:	(02) 4921 5504
Supervisor Email	tamara.tancred@newcastle.edu.au		
School or other entity	CESE OPVC Unit		
Faculty, Division, PRC/Institute	CESE		
HOS, PVC or Director	PVC - Craig Simmons		

**Section B - Project or Activity Summary:** (Primary site, Team members, and Project or Activity Summary / Overview)

Site location Callaghan Campus Building Name Great Hall Room Number

Additional location information: Hall, Foyer and Purdue

Are you the assigned responsible Supervisor for the Site(s) or Facilities ?  Yes  No  N/A

If you are not the responsible Supervisor for the Site or Facility, do you have documentation indicating authorised approval for use of the area for the activity / project / event ?  Yes  No  N/A

Does the equipment to be used within this site or facility or area meet the relevant standards for quality and safety for the purposes of the project or activity ?  Yes  No  N/A

Add Participants / Team members: Title, Name, Role, Email address, and other relevant participant information Phone contact #

Kerrie Bisaro, ACS Foundation, kerrie.bisaro@acsfoundation.com.au 0417 409 069

Any additional participant/team information (Experience, training, licencing, training requirements etc) can be added here:

**Activity or Project Summary:** Provide a high level overview of the project or activity in simple terms, to describe the proposed activity or project. Further specific detail will be provided in other sections of this form.

The event will be split into three sections: presentations in the Great Hall (audience will be seated), expo in the foyer and purdue room (attendees will move freely around the stalls), lunch/morning tea breaks (Lions Club providing lunch from their van outside the hall). The attendees will be mostly local high school students and their supervisors, but UON staff and students are also welcome to attend.

**Section C - Hazard Identification**

Answer the following questions by pressing Yes or No as applicable. You must indicate Yes or No for each question. Provide the required information on the additional pages and questions which appear. **Does the Project or Activity.....?**

Involve work with a genetically modified organism (GMO) or Gene Technology?  Yes  No

Involve work with hazardous microorganisms, biological toxins, or non GM peptides/nucleic acids ?  Yes  No

Involve work with animals or animal body fluids, tissues, or cell lines ?  Yes  No

- Involve work with human body fluids or tissues or cell lines ?  Yes  No
- Involve the use of chemically hazardous materials ? [Chemicals of Security Concern](#), Explosives, Fireworks [Security Sensitive Dangerous Goods](#); [Materials requiring Health Monitoring](#) (WHS Regulation Schedule 14); [Prohibited or Restricted Carcinogens and Restricted Hazardous Chemicals](#) (WHS Reg Sch 10); Involve work with Class 4.1 (Flammable Solid) or Packing Group 1 (PG 1 - High Danger - refer to transportation section of SDS for PG Classification) eg Ethidium Bromide or Hydrofluoric/ Picric Acid; [Schedule 4, 7, 8, or 9 substances](#) (includes illicit drugs, chemotherapy agents, anaesthetics); [Category 1 chemical diversion into illicit drug manufacture](#).  Yes  No
- Involve the use of radioisotopes / unsealed sources ?  Yes  No
- Involve the use of ionising radiation / sealed sources, e.g. X-rays ?  Yes  No
- Involve the use of non-ionising radiation, e.g. Lasers, RF-heating, microwaves, sonic, MRI ?  Yes  No
- Involve offsite radiation work ?  Yes  No
- Involve the use of Nanoparticles or Nanomaterial ?  Yes  No
- Involve any Engineering or Technological hazard(s) such as a process (welding, mining, manufacturing, construction, structural modification, high voltage electrical work), high risk location (workshop, factory), furnaces or similar equipment (appliance, plant, tool), or which require a Permit to Work to be issued by Infrastructure and Facilities Services or another Agency (such as CASA Approval for commercial use of Drones / UAV's) ?  Yes  No
- Involve an offsite activity ? (e.g. Fieldwork, Site Visits, SCUBA Diving, Boating, Home Visits, Interviews)  Yes  No
- Involve International Travel or research or another activity in a location outside of Australia ?  Yes  No
- Involve any hazard(s) not covered by another category, such as a process (cash handling or participant reimbursement, physical activity), event or exercise (performance, filming, public or University event) ?  Yes  No

### High Risk Categories:

Please identify if any chemicals/reagents to be used in this procedure fall under the following categories:

1. [Chemicals of Security Concern](#), Explosives, Fireworks, [Security Sensitive Dangerous Goods](#) ?  Yes  No
2. Require Health Monitoring as defined in [Chapter 7, Division 6 and Schedule 14 of the WHS Regulation 2017](#) ?  Yes  No
3. S4 / S8 / S9 Poisons (including chemotherapy agents, anaesthetics, illicit drugs) as defined in [Part 4 of the Poisons Standard](#) ?  Yes  No
4. S7 "Specified" Highly Dangerous Schedule 7 Poisons as defined in the NSW Govt Ministry of Health [Summary of Requirements for Authority to Obtain, Use, or Supply Schedule 7 Poisons](#) ?  Yes  No
5. Prohibited or restricted carcinogens and restricted hazardous chemicals (as defined in [Schedule 10 of the WHS Regulation 2017](#)) ?  Yes  No
6. Dangerous Goods - Class 4.1 (flammable solid) or Packing Group 1 (PG 1 - High Danger - refer to transportation section of Safety Data Sheet SDS for DG and PG Classification) PG1 Examples include: Ethidium Bromide or Hydrofluoric/ Picric Acid  Yes  No
7. Category 1 chemical diversion into illicit drug manufacture as defined in [Appendix 1 of the Code of Practice for Supply Diversion into Illicit Drug Manufacture](#) ?  Yes  No
8. Are you using any other chemicals or hazardous reagents, which are not covered by the categories above, that you believe should be reviewed for health and safety reasons ?  Yes  No

**Note:** If you are uncertain as to the hazardous status of the material(s), you should consult the [Chemwatch Database](#).

### Prohibited or restricted carcinogens - Additional questions:

(Prohibited or restricted carcinogens are as listed in Schedule 10 of the Work Health and Safety Regulation 2011 which require application to WorkCover for authorisation to use, handle, and store - following University of Newcastle approval. Links to WorkCover website and information is included in chemical safety links listed below / further down page).

- Have you notified WorkCover of your intention to use the substance(s) ? (If yes, attach evidence)  Yes  No
- Will the materials be handled/stored in a 'restricted access to authorised persons only' location ?  Yes  No
- Can you confirm that only the minimal amount of material required will be purchased for your project, and that any residual amount will be appropriately disposed of, unless approved for use in another approved project or activity ?  Yes  No
- If applicable, have you checked to see if a safer alternative to your intended chemical(s) is/are available and/or if the material or chemical can be ordered in a less concentrated form or in smaller amounts ?  Yes  No
- Have you read and understood the Hazardous Chemicals Legislation? ([Ch 7 of the WHS Regulation](#))  Yes  No
- Have you read and understood the [University of Newcastle Chemical Management Procedure](#) ?  Yes  No
- Are you aware of the relevant standards relating to the chemicals ? See [Australian Standards Online](#)  
AS/NZS 2243.1: (Current year) *Safety in laboratories, Part 1: Planning and operational aspects*  Yes  No  
AS/NZS 2243.2: (Current year) *Safety in laboratories, Part 2: Chemical aspects*  
AS/NZS 2243.10: (Current year) *Safety in laboratories, Part 10: Storage of chemicals*
- Are your procedures in accord with these guidelines?  Yes  No
- Do you hold current (<5 yrs old) Safety Data Sheets (SDS) for this/these substance (s) ?  Yes  No
- Have you completed a risk assessment for the work involving the substance (s) ? (please attach)  Yes  No
- Will the risk assessment and any associated safety guidelines be presented to all students/staff working with the chemical prior to the work commencing?  Yes  No
- Are all identified chemicals in the facility entered on the University Chemical Manifest with the SDS included in the [Chemwatch Database](#) ?  Yes  No

PPE Requirements

Specific First Aid Requirements

Disposal

\* see weblink below

**Attachments - Important information:** You must include / attach all relevant documentation such as Risk Assessment, Standard Operating Procedures (SOPs) or Safe Work Method Statements (SWMS) as well as applicable induction / training records, approvals etc) with this application. Failure to do so will lead to delay in processing your application. Instructions on how to attach documents appear in section E of this form.

It is not necessary to attach Safety Data Sheets (SDS) as long as all chemicals to be used are listed above and the SDS is available via chemwatch.

### Chemical Safety Links:

[Ansell Chemical Safety Glove Guide](#)

[SafeWork NSW Code of Practice: Labelling of Workplace Hazardous Chemicals](#)

[Safe Work Australia Model Code of Practice: Managing Risks of Hazardous Chemicals in the Workplace](#)

[Safe Work NSW guideline and application for authorisation to use, handle, store prohibited and restricted carcinogens](#)

\* Disposal: [Link to Laboratory Safety > Chemicals and Hazardous Materials > Chemical Waste Collection](#)

Reviewer use only:

Reviewer Name / ID

Review Date

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### Section D - Risk Assessment and documentation

From the summary of the project or activity details, all of the hazards that may arise from the activities must be risk assessed. A template and further information is available via: [Risk Assessment Templates and Information](#)  
 For simple activities a risk assessment/hazard identification/control list template is available via this checkbox:

Show R/A  Hide R/A

Prior to event	School students will be participants. They may require closer supervision and a greater level of care than University Staff and Students.	School student participants are being supervised by members of the school staff. This hazard form will be circulated to the supervising teachers prior to the event. So that they are aware of the hazards/arrangements.	Yes	Minimal
Movement between drop off and the Great Hall at beginning and end of event.	Normal traffic	Student organisers will be located to guide participants to the Great Hall. University Security are aware that the event is taking place. Signage will direct the participants to the car parks and then to the Great Hall.	Yes	Minimal
Student groups arriving and departing by bus.	Buses need to be instructed to use appropriate roadways and obey University traffic regulations.	Security Staff will be informed that the event is taking place. They will monitor buses to ensure that they are driven and parked appropriately when on University grounds. Bus drivers will be provided with set down, pick up and parking information	Yes	Minimal
Event – lectures, demonstrations and exhibitions.	Injuries within the Great Hall area during the event. Falling, tripping and similar hazards.	The building is appropriately outfitted for functions of this type. Organisers will monitor participant activities and movement. First aid kit will be available.	Yes	Minimal
Event – lectures, demonstrations and exhibitions.	Medical emergencies. Particularly participants with pre-existing conditions	Participants will be provided a form on arrival which they may use to describe any pre-existing medical conditions that may put them at risk.	Yes	Minimal

Add a new row (or move/delete) using the buttons	Step of activity/ process occurring / item of equipment	What are the associated or potential hazards ?	What will be done to control the hazards in order to prevent harm, illness or injury ?	Does any hazard remain ?	What risk level remains ? (refer Matrix) ?
	Event – lectures, demonstrations and exhibitions.	Need to evacuate building. Panic and/or confusion relating to evacuation procedures	Organisers will be briefed on evacuation routes and marshalling areas and assigned roles in the control of any evacuations that might be necessary. The exits are well signposted. Participants will be briefed on evacuation processes during the welcome session	Yes	Minimal
	Event – lectures, demonstrations and exhibitions.	Lost or Stolen property	There will be no storage areas available for the storage of personal property. Participants will be expected to keep all personal property with them at all times	Yes	Minimal
	Event – lectures, demonstrations and exhibitions.	Disruptive Behaviour	Disruptive individuals will be asked to behave appropriately. If behaviour remains unacceptable they will be asked to leave and Security will be advised.	Yes	Minimal

Documentation - Have all of the processes or safety related issues been assessed to identify all hazards and risk, and required controls listed in this form or another risk assessment document ?  Yes  No  N/A

Are the activities and safety control methods covered by existing documents such as Standard Operating Procedures (SOP) or Safe Work Method Statements (SWMS) ? You must attach these.  Yes  No  N/A

**Please Note:** SOP and SWMS templates vary between Schools, Faculties etc based on local area requirements. You should consult your Local Safety Contact Person regarding this (refer bottom of section E of this form for Safety Contact Person list) or contact the Health and Safety team for advice if your project or activity has different SOP or SWMS requirements.

New Procedures - where a component of the project requires a new Standard Operating Procedure (SOP) or Safe Work Method Statement (SWMS) please document these in the table below and include these documents with form submission).

Add SOP or SWMS	SOP or SWMS details (Complete docs should be included as attachments when submitting form)
	<input type="text"/>

Previously reviewed Procedures - where a component of the project exists as a Standard Operating Procedure (SOP) or Safe Work Method Statement (SWMS) which has previously been reviewed please document these in the table below.

Add SOP or SWMS	Prereviewed SOP or SWMS details (SOP/SWMS Reference # and title)	Safety Review reference #
	<input type="text"/>	<input type="text"/>

**Any additional information** regarding the Risk Assessment or any other associated documentation, or references to other information (legislation or websites) can be added to this field in the area below. **Notes regarding attachments** that you will be including with your email submission of this form can also be added to this field in the area below.

**Section E - Submission for review**

**As the Responsible Supervisor for this project or activity please confirm:**

- All participants involved with this project or activity will be inducted and trained in how to participate safely, with training details recorded and available to be produced upon request:  Yes  No  N/A
- All relevant hazardous activities have been identified in this application form and I will notify all affected staff, students & others associated with this project or activity or event of these hazards:  Yes  No  N/A
- I have included/attached/referenced all relevant documentation relating to the project/activity including SOPs, SWMS, and other Risk Assessment documents (if applicable):  Yes  No  N/A
- Details of work to be performed in collaboration with, and at, another institution is covered in this application and shall also comply with the safety requirements of that institution:  Yes  No  N/A
- I have obtained permission to use facilities other than my own as listed in this application and have advised the facility supervisor of the activity / project details and associated hazards:  Yes  No  N/A

**Recommendation of Review Level and submission of form for review:** Follow steps 1 - 5 below to submit form by email

**1/ Read the guidelines** relating to Assessment and Review levels available via this button : (guidelines will appear under the very last page of form) and then;

Show Review Guidelines	Hide Review Guidelines
------------------------	------------------------

**2/ Answer this question:** Does this project / activity meet the criteria for Local Level Review ? (Based on guidelines relating to assessment and review, and information you have provided) then;  No  Yes

Review level recommended by Responsible Supervisor (this will auto fill based on selections above):

**3/ List any persons** who should be copied into correspondence regarding this submission: (for eg "all team members", "Human Ethics" or "Animal Ethics" Office, "Research Grants Office")

**4/ Complete the submission field below in confirmation and endorsement of the content of this form:** and then

**5/ Save and send a copy of this form by email** as an attachment along with any other attachments to:

SafetyClearance@newcastle.edu.au (**Escalated review**) ..or to.. Local-Safety-Review@newcastle.edu.au (**Local level review**)

**If you require assistance** with finalising the form please contact one of the Local Safety Contact persons listed below;

[Meeting dates for the IBC and CRTC are available via this link](#)

## ASSESSMENT and REVIEW

### Hazard Summary

The fields below have been populated based on the selections and review comments made above in section C.

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Health and Safety confirm whether Local or Escalated Review applies:  Local  Escalated



## Local Level Review Confirmation

The Health and Safety Team have assessed this Safety Review Application and confirm that the review process can be completed as a local level review, based on the guidelines for assessment and review.

The review reference number L1 #/2014 (located at the top of this form) and the name of the responsible supervisor should be quoted in all communication relating to this project or activity (and in the title of any email correspondence)

**Your activity or project can proceed as planned**, on the basis of this review advice from the Health and Safety team, **unless contrary advice from the relevant local area is received**, from your local Safety Contact person or elsewhere from within your School / Faculty / Centre / Institute. Depending on local area procedures, further review by an appropriate person in the School / Faculty / Centre / Institute (such as a Subject Matter Expert as determined by the HOS, PVC, or Director) may be required in order to confirm or modify the assessment advice which appears below. All local area procedures for the management of local level review should be followed as required.

Where applicable, Research Grants or Human Ethics Office have been provided with this review advice, and any relevant supporting documentation is now available as an attachment within this form, via the paperclip icon (top left side).

### Recommendation of reviewer

This section is to be completed by the reviewer (Local or Escalated Review)

The training and experience of the project team for carrying out this work are considered adequate, based on the details and information provided in this Safety Review form and associated documents:  Yes  No

The control measures described in relation to identified hazards and risks are considered appropriate in order to allow the project to proceed:  Yes  No

The Project or Activity is recommended to proceed according to the detail provided within the application form and any associated documentation as well as any conditions specified below:  Yes  No

Recommendation:

Assessment overview and conditions that must be adhered to during the conduct of the work:

Assessment Overview:

Conditions to be adhered to:

Assessment ID Reference:  Date of Review:

Reviewer Name:  Reviewer Phone:

Reviewer Email:

Additional information or notes regarding the Assessment and Review process can be added here:

**Review Summary:** These fields are for the Health and Safety Team to track review period and processing times.



Date that form was initially submitted:	Date all supporting documents & necessary information received:	Date of designated IBC Meeting:	Date of designated CRTC Meeting:	Review Timings: IBC: <1, 1, 2,>2 Chem: <1, 1, 2,>2 Rad: <1, 1, 2,>2	
6 January 2025					
Biosafety reviewed:	Chemical reviewed:	Radiation reviewed:	Other SME reviewed:	Entire review period:	Attachments Button
			6 January 2025		
GM Classification info:					