

## Safety Implications of Research Projects Involving Off-site Activity (R2/OSA Form)

Reference No.

R \_\_\_\_\_

**DIRECTIONS**

To comply with the NSW Occupational Health and Safety Act, 2000, the University requires all members of staff responsible for research projects (Chief Investigators, Supervising Academics), which have safety implications, to complete a Safety Implications of Research Projects (R2 Form) for each project they are directing, irrespective of funding source. This R2/OSA form is a cut-down version of the R2 form and is to be completed for projects where the only safety implications are related to an off-site activity (fieldwork, home visits, work placement etc). It should be noted that if an off-site activity is only one component of a research project an R2 form must be completed. An R2 form must be also be completed if any biological (blood or sample collection, animal work) or chemical (hazardous chemicals used in fieldwork) hazards are identified as part of your offsite activity

**All projects with safety implications must have the appropriate safety clearance(s) before commencing.**

**PLEASE NOTE:** Any variation to a previously approved project that results in new hazards being introduced requires an additional application ([Variation Form](#)) for safety clearance to be submitted. A Variation form must also be completed for a change of funding or if additional staff/students commence work on the project

**FUNDED RESEARCH** Attach a copy of the grant application and a brief project summary to the R2/OSA application.

**UNFUNDED RESEARCH** Attach a brief summary of the research to be undertaken.

**Tools:** [Risk Assessment Tools & Templates](#)

*(other formats are acceptable provided they include hazard identification, risk analysis and control strategies)*

**CHECKLIST****APPLICATION SHOULD INCLUDE**

- R2/OSA application form
- Copy of the grant application or brief project summary
- Copy of a risk assessment for the research project (appendix 7.1 and 7.2 of home visit guidelines for home visits)

**SUBMISSION PROCEDURE**

- Email the completed application documents (listed above) to: [safetyclearance@newcastle.edu.au](mailto:safetyclearance@newcastle.edu.au)
- Forward the signed application documents to: Health and Safety, Human Resource Services, The Chancellery

**TIMEFRAME REQUIREMENTS FOR SUBMISSION OF THE R2 FORM**

Applications need to be reviewed by the appropriate Faculty Safety Committee and/or Head of School and authorised by the Head of School prior to being submitted to the Health and Safety Unit for approval a minimum of four weeks before the nominated projects start date.

**CONTACT DETAILS**

For advice on the safety approvals required for individual projects contact Liz Pilgrim on 16542 [Liz.Pilgrim@newcastle.edu.au](mailto:Liz.Pilgrim@newcastle.edu.au) or Melissa Musicka on 16846 [Melissa.Musicka@newcastle.edu.au](mailto:Melissa.Musicka@newcastle.edu.au)

**Safety Implications of Research Projects  
Involving Off-site Activity  
(R2/OSA Form)**

Reference No. R\_\_\_\_\_

Funded  Unfunded  Funding Source: \_\_\_\_\_  
 If funded, Research Office Reference G\_\_\_\_\_

Will this project commence if funding applications are unsuccessful? Yes  No

Is this work linked to a previously approved project Yes  No  Project Reference Number / \_\_\_\_\_

**All projects with safety implications, whether funded or not, must have the appropriate safety clearance(s) before commencing.**

**Title/Description of Project** \_\_\_\_\_

**Chief Investigator/Responsible Academic**  
 Name: \_\_\_\_\_ Faculty/School: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Email Address: \_\_\_\_\_

**Alternate Contact**  
**Staff**  **Honours Student**  **PhD Student**  **Masters Student**  **Co-Investigator**   
 Name/s: \_\_\_\_\_ Telephone No: \_\_\_\_\_  
 Email Address/s: \_\_\_\_\_

**HAZARD IDENTIFICATION**

**Does this exercise:**

**Check for yes**

- Involvement with a genetically modified organism (GMO)?
- Involvement with biologically hazardous microorganisms?
- Involvement with animals?
- Involvement with human body fluids or tissue?
- If "YES" to any of the above, complete the relevant section/s of the Biohazard information sheets on an R2 form
  
- Involvement with the use of chemically hazardous materials?
- If "YES", complete the Chemical/Reagent Hazard information sheet on an R2 form
  
- Involvement with the use of radioisotopes/unsealed sources?
- Involvement with the use of ionizing radiation/sealed sources (eg. X-rays, neutrons)?
- Involvement with the use of non-ionising radiation (eg. Lasers, RF-heating, microwaves)?
- Involvement with **off-site** radiation work?
- If "YES" to any of the above, complete the Radiation Hazard Information Sheet on an R2 form
  
- Involvement with any other identified Hazard (eg. manual handling, equipment, noise, sharps)?
- If "YES" please complete an R2 form
  
- Involvement with an off-site activity **other than radiation work** (eg. fieldwork, home visit, placement)?
- If "YES", complete the Off-Site Activity Hazard Information Sheet on the following page of this form

As the Chief Investigator/Responsible Academic for this project: **Check for yes**

- All personnel involved with this exercise are/will be trained to perform the activity safely
- All relevant hazards have been identified on this form
- I have obtained permission to use facilities other than my own listed in this application and I have advised the facility supervisor of my proposed work and associated hazards

Chief Investigator/Responsible Academic: \_\_\_\_\_ Date / / \_\_\_\_\_

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**OFF-SITE ACTIVITY HAZARD INFORMATION SHEET**

**INDICATE THE NATURE OF THE ACTIVITY**

Fieldwork       Work Placement       Offsite Visit/interview \*      Other

\* Go to the [Offsite Visit/Interview Safety Guidelines](#) and complete the relevant forms (appendix 7.1 and 7.2) to attach to this application.

**DETAILS**

Brief description of off-site activity: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Proposed Date/s of off-site activity: \_\_\_\_\_

Location of off-site activity: \_\_\_\_\_

If locations is [overseas](#) what is the current [DFAT travel advisory rating](#)?      1      2      3      4      5

Length of time involved: \_\_\_\_\_

If this off-site activity involves **fieldwork**:

**Check for Yes**

Is the fieldwork to occur in a public area?

If YES, Have you obtained formal approval from the relevant authority?

or

Is the fieldwork to occur on private property?

Have you obtained formal approval from the property owner?

Do you require human ethics clearance for this project?

If yes, HREC/HAREC Approval number \_\_\_\_\_ or,

Submission date of ethics application if you are yet to receive approval \_\_\_\_/\_\_\_\_/\_\_\_\_

**RISK ASSESSMENT**

Have you read the [University's Travel Policy](#)?

Have you completed and documented a risk assessment for this activity\*?

(The risk assessment should cover travel, location/environmental [e.g. insect/animal hazards, weather conditions, landscape, remoteness, communication, possibly accommodation-camping and food storage etc] and the exercise/activity itself)

For international research; For international activities; [travel warnings](#), recommended immunizations and/or prophylaxis and communication/contact arrangements must be included.

Have you discussed the risks and hazards with the students/staff?

Have you outlined all the risk control strategies with the students/staff?

A copy of your risk assessment is attached to this application

or

A completed copy of Appendix 7.1 & 7.2 of the Offsite Visit/Interview Safety Guideline is attached

(For Offsite Visit/Interview Activities only)

As R2 applications involving off-site activities are not reviewed by a designated University Technical Committee, the Responsible Academic must have the application reviewed by the appropriate Faculty Safety Committee and/or Head of School (HOS) and be signed by the HOS prior to submitting it to the Health and Safety Unit for a formal approval.

Reviewed By: Faculty Safety Committee  and/or Head of School

Approved By Head of School: \_\_\_\_\_ Date: \_\_\_\_\_