

Safety Implications of Research Projects Involving Off-site Radiation Work (R2/OSR 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/OSR 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 Off-Site Radiation work. It should be noted that if off-site radiation work is only one component of a research project an R2 form must be completed.

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/OSR 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/OSR application form Copy of the grant application or brief project summary Copy of any relevant documentation from the host organisation

SUBMISSION PROCEDURE

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

LINKING APPROVALS: Approvals may be linked to prior clearances, provided the hazard/s and risks are identical and a risk assessment was provided. Review by a technical committee may not be required for linked approvals.

TIMEFRAME REQUIREMENTS FOR SUBMISSION OF THE R2 FORM**Chemical/Radiation Safety Clearances**

The 2008 meeting dates of the Chemical and Radiation Technical Sub-Committee are listed below. The listed dates for submission (3 weeks prior to meeting) should enable safety clearances to be approved at those meetings provided the application is complete.

Chemical/Radiation Technical Committee (CRTC)	
Meeting Dates	Submission
06.02.08	16.01.08
12.03.08	20.02.08
16.04.08	26.03.08
21.05.08	30.04.08
25.06.08	04.06.08
30.07.08	09.07.08
03.09.08	13.08.08
08.10.08	17.09.08
12.11.08	22.10.08

CONTACT DETAILS

For advice on the safety approvals required for individual projects or copies of any of the Australian/New Zealand Standards referred to on the following pages contact Liz Pilgrim on 16542 Liz.Pilgrim@newcastle.edu.au or Melissa Musicka on 16846 Melissa.Musicka@newcastle.edu.au

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Reference No. R_____

Funded Unfunded Funding Source: _____ 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 clearances(s) before commencing.

Title/Description of Project _____

Chief Investigator/Responsible Academic
 Name: _____ Faculty/School: _____
 Address: _____ Telephone No: _____
 Email Address: _____

List Individual/s conducting Off-Site Radiation Work
 Staff Honours Student PhD Student Masters Student Co-Investigator
 Name/s: _____ Telephone No: _____
 Email Address/s: _____

HAZARD IDENTIFICATION

Does this exercise:	Check for yes
Involve work with a genetically modified organism (GMO)?	<input type="checkbox"/>
Involve work with biologically hazardous microorganisms?	<input type="checkbox"/>
Involve work with animals?	<input type="checkbox"/>
Involve work with human body fluids or tissue?	<input type="checkbox"/>
If "YES" to any of the above, complete the relevant section/s of the Biohazard information sheets on an R2 form	
Involve the use of chemically hazardous materials?	<input type="checkbox"/>
If "YES", complete the Chemical/Reagent Hazard information sheet on an R2 form	
Involve the on-site use of radioisotopes/unsealed sources?	<input type="checkbox"/>
Involve the on-site use of ionizing radiation/sealed sources (eg. X-rays, neutrons)?	<input type="checkbox"/>
Involve the on-site use of non-ionising radiation (eg. Lasers, RF-heating, microwaves)?	<input type="checkbox"/>
If "YES" to any of the above, complete the Radiation Hazard Information Sheet on an R2 form	
Involve any off-site activity other than radiation work (eg. fieldwork, placement)?	<input type="checkbox"/>
If "YES", complete the Off-Site Activity Hazard Information Sheet on an R2 form	
Involve any other identified Hazard (eg. manual handling, equipment, noise, sharps)?	<input type="checkbox"/>
If "YES" please attach a risk assessment to a completed R2 form	
Involve off-site radiation work only ?	<input type="checkbox"/>
If "YES", complete 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	<input type="checkbox"/>
- Any 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 the given institution.	<input type="checkbox"/>
- All relevant hazards have been identified on this form	<input type="checkbox"/>
- 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	<input type="checkbox"/>
Chief Investigator/Responsible Academic: _____	Date / / _____

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**RADIATION HAZARD INFORMATION SHEET
OFF-SITE RADIATION WORK**

Identify the radiation hazard: Radioisotopes/unsealed sources
 Ionising Radiation Instruments/Sealed Sources
 Non-Ionising Radiation

Description of hazard _____

Location where the off-site work will take place (name and address of Host Organisation) _____

Description of work _____

Date/s the work will take place _____

Will you carry out the work YES/NO or will the work be done by the host organizations staff? _____

Linked Clearance – Do you have a previous approval for the same or similar activities undertaken at this Facility

If YES, the safety clearance reference number was _____ / _____ .

Monitoring/Health Surveillance

Personal Monitoring- [The National Standard for Limiting Occupational Exposure to Ionizing Radiation \(RPS 1\)](#) states that, an official record of occupational exposure must be kept by the employer. To comply with this requirement the University must be provided with a record of staff/student exposure for all off-site work involving ionizing radiation. Some establishments (host organizations) will provide this as a matter of course or it may be necessary to submit a formal request for this information. For short term work you may decide to take a personal monitor with you, in which case you should also take a control monitor to check on any possible radiation doses received during transit.

Please advise what you have organized in regard to providing the University (via your Radiation Safety Officer) with your personal exposure records for this work? Details- _____

Eye Examination- Staff/Students working with Lasers (other than Class 1) are required to have an eye examination at the commencement of work and then biannually. If working with Lasers can you confirm your eye examinations are up to date by providing the date of your last examination / / .

Does the host organization have a: **Check for YES**
 Radiation Safety Manual/Guidelines
 Radiation Safety Officer

Will you be transporting hazardous material to/from the organization?
 If yes, Are you familiar with the [ARPANSA Code of practice for the transport of Radioactive Material](#)

You are aware that the host organization has a duty of care to:
 Provide you with a safety induction
 Provide appropriate personal monitoring
 Ensure an eye examination has been performed for laser work
 Keep/provide records of exposure
 Provide appropriate training (equipment and procedures)
 Ensure Risk Assessments are performed for work activities
 Please attach any relevant documentation (induction/training records, approvals etc) from the host organisation

You are aware that you have a responsibility to comply with all of the host organizations policies/guidelines related to your project