**This form only covers work performed within BRIL (Lowy B07, B07A, B08, B09 and WW LG19). Please ensure you have satisfied the requirements of other facilities (ie. Lowy Cancer Research Centre, Biological Resources Centre etc.)**

*This form replaces UNSW HS703 – After Hours Approval Form for working within BRIL*

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| School/Unit/Company |  |
| Date of Application |  |

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| --- | --- | --- | --- |
|  | Name | zID | Mobile |
| Applicant |  |  |  |
| Primary Buddy |  |  |  |
| Secondary Buddy |  |  |  |
| Applicant |  |  |  |
| Primary Buddy |  |  |  |
| Secondary Buddy |  |  |  |
| Applicant |  |  |  |
| Primary Buddy |  |  |  |
| Secondary Buddy |  |  |  |
| Applicant |  |  |  |
| Primary Buddy |  |  |  |
| Secondary Buddy |  |  |  |

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| Proposed work/activity: |
| Location where the work is to be conducted: |
| Equipment, substances and areas to be accessed or used: |

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| Specific controls and additional after hours precautions: |
| Schedule of user to buddy contact: |
| Plan of action provided to Buddies in case of incident or loss of communication: |
| Emergency shutdown procedures: |
| Names/reference numbers of Safe Work Procedures and Risk Assessments covering the work to be done (any non-BRIL documents should be provided separately): |
| I have a medical condition that may put me at risk whilst working alone: 🞎 No 🞎 Yes  Details: |

* I will fill and sign the Biological Resources Centre logsheet when entering and exiting the animal facility
* I will follow the buddy system as outlined in the BRIL After Hours Guidelines and as specified in this form
* I will NOT undertake any work within BRIL that is not specified in this form

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| I have read and agree to comply with:   * BRIL After Hours Guidelines 🞎 UNSW Emergency Procedures * BRIL Terms and Conditions 🞎 UNSW After-Hours Procedures * UNSW and BRIL WHS requirements   Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_  Applicant Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ |
| I deem this person/s competent to carry out the specified activity after-hours. I recommend approval for the applicant to perform the activities as listed above in BRIL.  Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ |
| The applicant has been trained on the requested instrument/s (as listed above) and in BRIL access policies. I deem him/her competent to carry out the specified activity after-hours. I recommend approval for the applicant to operate the instrument as listed above in BRIL.  Trainer Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ |
| I approve this request for after-hours access to BRIL after ascertaining that the above applicant has provided the relevant information and met all the requirements; and received confirmation from respective trainer(s) that applicant is deemed competent to use indicated lab(s) and/or instrument(s).  BRIL Head: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_ |