



HAZARD IDENTIFICATION FOR CLEANING LABORATORIES PF118

Details of the Laboratory

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|---|--|------------------------|--|
| Building Name | | Building Number | |
| Laboratory Room Number | | Type of Laboratory | |
| Name of Laboratory if applicable | | | |
| Laboratory Manager Name | | | |
| Laboratory Manager Email/Telephone | | | |
| Do you require cleaners to undertake a site specific induction to your laboratory prior to cleaning? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Forms to be completed annually (January) & returned to clean@pf.uq.edu.au or the [CLA for your precinct](#).
If your form is not completed, your laboratory may be taken off the cleaning schedule until the form is received.

Laboratory Manager Hazard Identification (identify any hazards present in lab)

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| Identify the final status of laboratory (please select one box only) |
| 1. No Hazards or Controlled Hazards - Normal Cleaning Staff may clean <input type="checkbox"/> |
| 2. Hazardous Equipment/Chemicals - Cleaners not allowed in Laboratory <input type="checkbox"/> |
| Name: _____ Signature: _____ Date: _____ |

Cleaning Auditor Hazard Identification (identify any hazards present in lab)

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| Identify the final status of laboratory (please select one box only) |
| 1. No Hazards or Controlled Hazards - Normal Cleaning Staff may clean <input type="checkbox"/> |
| 2. Hazardous Equipment/Chemicals - Cleaners not allowed in Laboratory <input type="checkbox"/> |
| (If No.2 is selected, then place sign on door & tick the following box : <input type="checkbox"/>) |
| Name: _____ Signature: _____ Date: _____ |

Cleaning Contract Supervisor Hazard Identification (identify any hazards present in lab)

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| Identify the final status of laboratory (please select one box only) |
| 1. No Hazards or Controlled Hazards - Normal Cleaning Staff may clean <input type="checkbox"/> |
| 2. Hazardous Equipment/Chemicals - Cleaners not allowed in Laboratory <input type="checkbox"/> |
| (If No.2 is selected, ensure cleaners do not enter room) |
| Name: _____ Signature: _____ Date: _____ |