

Declaration Form for the Code of Conduct for the ANU Medical School Anatomy and Medical Sciences Facilities

This form must be completed and signed prior to entering the facility. No practical work should start until this form has been completed.

Name

ANU ID Number / Company

Reason for access

| | YES | NO |
|---|-----|----|
| I have read and understand the Code of Conduct for the ANU Medical School Anatomy Facility | | |
| I am aware of my Workplace Health and Safety responsibilities | | |
| I agree to wear the appropriate personal protective equipment (PPE) | | |
| I understand that if I am not wearing appropriate PPE, I can be excluded from the facility | | |
| I agree to follow all safety procedures explained to me by Staff | | |
| I understand that I must not eat food, drink or smoke in the facility | | |
| I understand that inappropriate conduct can result in the denial of further laboratory access | | |
| I understand that all accidents, including 'near-miss' incidents need to be reported to Staff immediately | | |
| I understand that all spillages, damages and breakages need to be brought to the attention of the Demonstrator immediately | | |
| I have read and understood the associated Safe Work Procedures and have the Risk Assessments for reference. | | |
| I am aware of my Workplace Health and Safety responsibilities including seeking medical advice if I am at risk of chemical exposure while trying to conceive, pregnant or breastfeeding and will make an informed decision based off the information I am provided. | | |

Signature

Date