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| **This checklist is to be used for the initial purchase and storage for the operational area.**  |
| **Operational Area***(School/ Department/ Research Group/ Project)* |  | **Date****Completed by****Authorised by***(Line-manager/ Lab Management)* | \_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Description of plant/equipment** **Quantity requested****Supplier***Quantity to be approved by Area Management as the total storage capacity of each Operational Areas must to be assessed prior to purchase* |  | **Location of storage and use***(Identify building, laboratory and storage locations, may be multiple locations)* |  |

**Record Keeping:**

It is the responsibility of the Faculty or Area to store all relevant records re: the purchase, commissioning and maintenance of all plant and equipment.

| **Complete all sections prior to equipment order being placed**To be completed by Manager/Supervisor of the area requesting purchase of the equipment.  |
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| **Checklist** | **Yes/No or N/A** | **Details / Action Required/ Advice Required** |
| **LEGISLATIVE REQUIREMENTS** |  |  |
| Please identify any legislative requirements (Manufacture, installation, commissioning, decommissioning) including AS/NZS Standards that apply to this purchase.  |  | *Please list:*  |
| Please indicate any certification/license required (e.g. NATA testing for Laminar Flow Cabinets). |  | *Please list:* |
| Please indicate any specialist signage required for the building/laboratory/area. |  | *Please list:* |
| **Before** purchasing a Radiation producing device (e.g. high powered lasers (class 3b and 4), trans illuminators and other UV light sources, microwave sources (not ovens), x-ray or neutron generators and radioactive sources), please contact Curtin’s Radiation Safety Advisor on 9266 4900. |  | *A radiation project application must be submitted and approved* ***before*** *purchasing radiation producing devices.* <https://www.curtin.edu.au/healthandsafety/wp-content/uploads/Radiation_Safety_Manual.pdf>  |
| **FACILITIES and EMERGENCY MANAGEMENT** |  |  |
| Is the proposed site for the plant or equipment fit for purpose/appropriate for use? | Yes ☐ No ☐ | *If no please contact Properties, Facilities and Development for confirmation of suitability of location:* |
| Are there appropriate emergency procedures and equipment in place to manage any incident associated with the plant? *(e.g. Safety showers, eye wash, spill kits, fire extinguishers, first aid, guarding, safety stops, fire blankets)* | Yes ☐ No ☐ | *If no please contact Infrastructure Planning Manager and* *Emergency Management* *Manager for advice.* |
| **PLANT/EQUIPMENT MODIFICATION** |  |  |
| Will equipment be used as purchased or modified? If it will be modified, provide details of (alterations, design verifier/competent person, test results) | Yes ☐ No ☐ | *Please list:* |
| Has the equipment been imported from overseas and therefore requiring of inspection & tagging by an electrician to ensure compliance with Australian Standards? (Please contact Curtin Electrical Department for advice) | Yes ☐ No ☐ | *Please indicate tagging date:* |
| Please indicate the power supply (e.g. single phase, 3 phase etc.) that is required?  |  | *Please list:* |
| If modification is to occur, has application for re-registration of the design and individual plant been arranged, where required under the Work health and Safety (General) Regulations and applicable Australian Standards? | Yes ☐ No ☐ | *If no, please contact Worksafe WA for a suitable design Verifier.* |
| **RISK ASSESSMENT AND SAFE WORK PROCEDURE** |  |  |
| Is an instruction manual written in English and available prior to purchase of the plant/equipment?  | Yes ☐ No ☐ | *If no, contact the manufacturer for a copy.* |
| ***Have the following considerations been addressed if relevant?*** **Properties, Facilities & Development Compliance Areas*** Locations of Utilities (power, water, gas, drainage, ventilation)
* Security and access requirements
* Additional or excessive power requirements/RCD’s
* Ventilation requirements
* Lighting requirements
* Gas requirements (including types, storage, hazards, detection systems)

**Department/Area Compliance Areas*** Impact on adjacent work areas including plant rooms
* Registration of any pressure vessels
* Health and/or environmental monitoring requirements
* Use of the plant/equipment during fieldwork
* In-service inspection and maintenance requirements & contracts
 | Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐ | *If no, please contact relevant area for advice and indicate below any necessary information.* |
| **HSEM Compliance Areas*** Hazardous substances requirements (including storage, disposal, health surveillance and PPE)
* Work at heights, confined spaces, extremes in temperature, noise and vibration
* Waste disposal (e.g. chemicals, fuels and PPE)

**ORD Compliance Areas*** Radiation sources including (licensing, registration, monitoring)
* Biological materials including (OGTR, AQIS, health monitoring, IBC approvals and PC requirements)
 | Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐Yes ☐ No ☐ NA ☐ |  |
| Have the required risk assessments and safe work/operating procedures for the use of the plant/equipment been approved?  | Yes ☐ No ☐ | *If no, please complete before installation and commissioning.* |
| **DECOMMISSIONING OF PLANT** |  |  |
| Has the lifespan of the plant/equipment and the eventual decommissioning been considered and planned for? Identify de-commissioning hazards and how these will be addressed. | Yes ☐ No ☐ | *If no, please complete risk assessment for decommissioning.* |

**Pre-Purchase review:**

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| **Properties Department Consultation:** All hazards and H&S issueshave been identified and control measures have been initiated and/or implemented. |
| **Name:** | **Position:** | **School:** | **Date:** |
| **Signature:** | **Comments:** |

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| **Manager/Supervisor Authorisation:** All hazards and H&S issueshave been identified and control measures have been initiated and/or implemented. |
| **Name:** | **Position:** | **School:** | **Date:** |
| **Signature:** | **Comments:** |

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| **Head of School Authorisation:**  |
| **Name:** | **Position:** | **School:** | **Date:** |
| **Signature:** | **Comments:** |

To be completed by Head of Faculty for all purchases over $20,000.00 and forwarded back to Manager/Supervisor for Pre-commissioning review.

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| **Head of Faculty Authorisation:**  |
| **Name:** | **Date:** |
| **Signature:** | **Comments:** |