



Dangerous Goods Storage in a Laboratory - Risk Assessment Form Special Approval Application

Name of Person Making Application _____
(This is to be the supervisor or the person who is in charge of the laboratory)

Department Name: _____

Building Name: _____ Building No.: _____

Room No: _____ Room Dimensions (Length x Width): _____

Approval Required For: Storage of High Quantity Yes / No
Under Different Conditions to the Monash Guidelines Yes / No

Dangerous Goods Class/es for which approval is sought (Circle the Appropriate Class/es): 3 4.1 4.2 4.3 5 6.1 8

List the maximum aggregate quantity of each dangerous goods class of the above circled items (eg Class 3 up to 200 litres; Class 8 up to 150 kg): _____

Describe the proposed method of storage:

| | |
|-----------------------------|----------|
| General Laboratory Cupboard | Yes / No |
| Indoor Fire Proof Cabinet | Yes / No |
| Corrosives Storage Cabinet | Yes / No |
| Ventilated Storage Cupboard | Yes / No |
| Refrigerator | Yes / No |
| Freezer | Yes / No |
| Other _____ | |

Describe the segregation details with regard to other dangerous goods classes:

Is there an increased potential due to the storage of the item/s?

| | |
|-----------------------------------|----------|
| Fire | Yes / No |
| Explosion | Yes / No |
| Violent Reaction Due To: | |
| Self initiated reaction | Yes / No |
| Interaction with another chemical | Yes / No |
| Other _____ | |

What is the estimated average monthly usage within the laboratory of each class of dangerous goods for which approval is sought? _____

Why is this level or type of storage required? _____

Signature of applicant: _____ Date: _____

Signature of Safety Officer: _____ Date: _____

Signature of Head of Department: _____ Date: _____