



# Pre-Employment Work Environment Report

## Position Details

|                           |                                     |                            |                                         |
|---------------------------|-------------------------------------|----------------------------|-----------------------------------------|
| <b>College/Div/Centre</b> | ANU College of Asia and the Pacific | <b>Dept/School/Section</b> | Australian Centre on China in the World |
| <b>Position Title</b>     | POST DOCTORAL FELLOW                | <b>Classification</b>      | ACADEMIC                                |
| <b>Position No.</b>       |                                     | <b>Reference No.</b>       |                                         |

In accordance with the Occupational Health and Safety Act 1991 the University has a duty of care to provide a safe workplace for all staff.

- This form must be completed by the supervisor of the advertised position and forwarded with the job requisition to Appointments and Promotions Branch, Human Resources Division. Without this form jobs cannot be advertised.
- This form is used to advise potential applicants of work environment issues prior to application.
- Once an applicant has been selected for the position consideration should be given to their inclusion on the University's Health Surveillance Program where appropriate – see [http://info.anu.edu.au/hr/OHS/\\_Health\\_Surveillance\\_Program/index.asp](http://info.anu.edu.au/hr/OHS/_Health_Surveillance_Program/index.asp) Enrolment on relevant OHS training courses should also be arranged – see [http://info.anu.edu.au/hr/Training\\_and\\_Development/OHS\\_Training/index.asp](http://info.anu.edu.au/hr/Training_and_Development/OHS_Training/index.asp)
- 'Regular' hazards identified below must be listed as 'Essential' in the Selection Criteria - see 'Employment Medical Procedures' at [http://info.anu.edu.au/Policies/\\_DHR/Procedures/Employment\\_Medical\\_Procedures.asp](http://info.anu.edu.au/Policies/_DHR/Procedures/Employment_Medical_Procedures.asp)

## Potential Hazards

- Please indicate whether the duties associated with appointment will result in exposure to any of the following potential hazards, either as a regular or occasional part of the duties.

| TASK                                             | regular                             | occasional               | TASK                                | regular                  | occasional               |
|--------------------------------------------------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|--------------------------|
| key boarding                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/> | laboratory work                     | <input type="checkbox"/> | <input type="checkbox"/> |
| lifting, manual handling                         | <input type="checkbox"/>            | <input type="checkbox"/> | work at heights                     | <input type="checkbox"/> | <input type="checkbox"/> |
| repetitive manual tasks                          | <input type="checkbox"/>            | <input type="checkbox"/> | work in confined spaces             | <input type="checkbox"/> | <input type="checkbox"/> |
| catering / food preparation                      | <input type="checkbox"/>            | <input type="checkbox"/> | noise / vibration                   | <input type="checkbox"/> | <input type="checkbox"/> |
| fieldwork & travel                               | <input type="checkbox"/>            | <input type="checkbox"/> | electricity                         | <input type="checkbox"/> | <input type="checkbox"/> |
| driving a vehicle                                | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |                          |                          |
| <b>NON-IONIZING RADIATION</b>                    |                                     |                          | <b>IONIZING RADIATION</b>           |                          |                          |
| solar                                            | <input type="checkbox"/>            | <input type="checkbox"/> | gamma, x-rays                       | <input type="checkbox"/> | <input type="checkbox"/> |
| ultraviolet                                      | <input type="checkbox"/>            | <input type="checkbox"/> | beta particles                      | <input type="checkbox"/> | <input type="checkbox"/> |
| infra red                                        | <input type="checkbox"/>            | <input type="checkbox"/> | nuclear particles                   | <input type="checkbox"/> | <input type="checkbox"/> |
| laser                                            | <input type="checkbox"/>            | <input type="checkbox"/> |                                     |                          |                          |
| radio frequency                                  | <input type="checkbox"/>            | <input type="checkbox"/> | <b>BIOLOGICAL MATERIALS</b>         |                          |                          |
| <b>CHEMICALS</b>                                 |                                     |                          | microbiological materials           | <input type="checkbox"/> | <input type="checkbox"/> |
| hazardous substances                             | <input type="checkbox"/>            | <input type="checkbox"/> | potential biological allergens      | <input type="checkbox"/> | <input type="checkbox"/> |
| allergens                                        | <input type="checkbox"/>            | <input type="checkbox"/> | laboratory animals or insects       | <input type="checkbox"/> | <input type="checkbox"/> |
| cytotoxics                                       | <input type="checkbox"/>            | <input type="checkbox"/> | clinical specimens, including blood | <input type="checkbox"/> | <input type="checkbox"/> |
| mutagens/teratogens/<br>carcinogens              | <input type="checkbox"/>            | <input type="checkbox"/> | genetically-manipulated specimens   | <input type="checkbox"/> | <input type="checkbox"/> |
| pesticides / herbicides                          | <input type="checkbox"/>            | <input type="checkbox"/> | immunisations                       | <input type="checkbox"/> | <input type="checkbox"/> |
| <b>OTHER POTENTIAL HAZARDS (please specify):</b> |                                     |                          |                                     |                          |                          |

|                                |  |                    |                   |              |         |
|--------------------------------|--|--------------------|-------------------|--------------|---------|
| <b>Supervisor's Signature:</b> |  | <b>Print Name:</b> | Dr Benjamin Penny | <b>Date:</b> | 26.9.12 |
|--------------------------------|--|--------------------|-------------------|--------------|---------|