

Safety Signs for Hazardous Areas

ORDER FORM

Name:	_____
Department:	_____
Building & No:	_____
Contact details - phone:	_____
e-mail:	_____
room:	_____
Number of Signs required: (usually one sign to be displayed at the entrance to each "hazardous area")	_____
Areas to be signposted (give bldg & room numbers):	_____

Each "hazardous area" to be signposted may have one or more of the hazards, as listed below (LHS) and require one or more precautions (RHS). Please calculate how many of each of these stickers will be required for your rooms/areas.

Number of HAZARD stickers required:	Number of PRECAUTION stickers required:
Fire risk _____	Eye protection _____
Toxic hazard _____	Foot protection _____
Corrosion risk _____	Protective clothing _____
Biological risk _____	Hand protection _____
User specified hazards _____	Hearing protection _____
Ionising radiation risk _____	Hair protection _____
Electric shock risk _____	
Laser beam hazard _____	
Non-ionising radiation risk _____	

Please return orders to the Risk Management Office K07

Tel: 9351 4335 Fax: 9351 5868

RMO use: order completed on _____ (date) by _____ (name)

This form available on the web from <http://www.usyd.edu.au/su/ohs/forms/order-form.pdf>