



Description e.g. **TISSUE CULTURE LABORATORY**  
 Location : Room xxxx, School of xxxxxx, xx Rainforest Walk

**ADMITTANCE TO AUTHORISED PERSONNEL ONLY**  
**ACCESS IS LIMITED TO:**

INDIVIDUALS WHO ARE UNDER THE SUPERVISION OF OR HAVE BEEN INDUCTED BY:  
*Insert names (e.g. safety officer, Lab Head, Senior Post Doc) .....*

**CAUTION**

**HAZARDS PRESENT**

*Insert relevant hazard symbols*



Biologicals



Non Ionising Radiation



**ALWAYS** refer to Risk Assessments, Material Safety Data Sheets and Local Safe Work Instructions for safety information  
*Detail additional information if needed*

**ENTRY REQUIREMENTS AND PERSONAL PROTECTIVE EQUIPMENT**

*Insert relevant regulatory signage*

	<p><b>SOLID, CLOSED TOED FOOTWEAR</b>          (<i>No</i> thongs, sandals, open toes, backless or 'ballerina' shoes)</p>		<p><b>LABORATORY COATS OR OTHER APPROVED PROTECTIVE CLOTHING</b></p>
	<p><b>SAFETY GLASSES OR SEALED SAFETY GOGGLES</b>          Must be worn when hazard is present.</p>		<p><b>PROTECTIVE GLOVES</b>          Must be worn when hazard is present as per MSDS</p>
	<p><b>NO FOOD OR DRINK</b></p>		<p><b>WEAR FULL FACE SHIELD</b>          When directed by SWI          When directed by Laboratory Staff          When directed by MSDS</p>

**EMERGENCY CONTACTS: 9am-5pm MONDAY TO FRIDAY**  
*List names and phone numbers of contacts e.g. lab manager, safety officer, academic supervisor*

**AFTER HOURS EMERGENCY CONTACTS: 5pm – 9am MONDAY TO FRIDAY, SATURDAY, SUNDAY & PUBLIC HOLIDAYS**  
*List names and phone numbers of AH contacts e.g. lab manager, safety officer, academic supervisor*

**Note: After Hours work requires staff authorisation.**  
*(detail more information re AH work if needed. e.g. Refer to local AH procedure)*

**Campus Security: Ext. 53059 or Ph. 9905 3059** **Emergency: Ext. 333**