

High-Risk Poisons Arrival Form

RS7, S8 & S9, S10

Stores to complete and forward to Scheduled Substance Manager

Please ensure this form is completed in full for each arrival of a Restricted S7, S8, S9, or S10 High-Risk Poison prior to the item(s) being released. Form to be forwarded once completed to the University Scheduled Substance Manager and a copy to be provided to the Person collecting the items.

SECTION 1: Completed upon arrival by Stores

| | |
|----------------------------------|---|
| Substance name: | |
| Product catalogue code: | |
| Poisons Schedule: | Restricted S7 <input type="checkbox"/> S8 <input type="checkbox"/> S9 <input type="checkbox"/> S10 <input type="checkbox"/> |
| Volume or mass (mL or g): | (from packaging) |
| Batch/Lot/Serial No.: | (from packaging) |
| Griffith Purchase Order: | |
| Supplier: | |
| Arrival date: | |
| Purchase Requester: | |

SECTION 2: Person collecting to complete at time of collection

Authorisation for General Approval access:

Bioresource Facility Health Group Glycomics Science & Environment GRIDD

Laboratory STORAGE location:

Building: _____ *Room:* _____ *Location: (eg drug safe):* _____

Laboratory USE location:

Building: _____ *Room:* _____

Details of Person Collecting Items:

(This must be the Requester, or a person endorsed by the Requester of the order.)

Name: _____

Date: _____

Signature:*

*In taking receipt of these items I understand my obligations with the Medicines & Poisons Act, Regulation and the Griffith University Substance Management Plan & will comply with these requirements.

Complete this form for each RS7, S8, S9 or S10 substance and email completed copies to:

Scheduled Substance Manager - Dan Shelley

Safety Specialist (Chemicals & Radiation) – Health & Safety

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