DEPARTMENT OF PHARMACOLOGY
NATIONAL UNIVERSITY OF SINGAPORE

SAFETY REVIEW FOR LABORATORY VISITORS / SERVICE ENGINEER/ CONTRACTOR

Name : __________________________________________________

Room No : ________________________________________________

Purpose of visit : __________________________________________

Contractor Supervisors/ Service Engineer are to:

1. Read and understand the Department’s Emergency Procedures and Department’s Safety & Health Policy.

2. Submit risk assessment for the work activities to be conducted prior to start work and their workers brief on the risk involved.

3. Give adequate instruction to their workers on the possible dangers in the labs and keep a record showing that the contractor has briefed their workers before they commence work.

4. Monitor and supervise their worker’s safety and health regularly.

5. Inform departments / OED immediately of all accidents / incidents to their staff or any third party within NUS.

6. Instruct their workers not to start hot work without permit.

7. Provide all necessary personal protective equipments such as but not limited to gloves, safety spectacle, mask etc. to every single worker.

The above MUST be complied with to prevent accidents and injuries to contractors, staff and students.

I, ________________________________ (name of Visitor/ Contractor Supervisors/ Service Engineer) acknowledge that I have received, read and understand the duties and responsibility for Supervisor. I agree to abide by these rules to the best of my ability while working in NUS.

__________________________________________________                             ______________
Visitor/ Contractor Supervisors/ Service Engineer Signature                     Date

__________________________________________________                              ______________
Name and signature of Department’s representative                           Date
DEPARTMENT OF PHARMACOLOGY
NATIONAL UNIVERSITY OF SINGAPORE
VISITORS / SERVICE ENGINEER/ CONTRACTOR
RISK MANAGEMENT CHECKLIST
HAZARD NOTIFICATION/ BRIEF RECORD

Name : __________________________________________________
Company : __________________________________________________
Date of visitor/work : __________________________________________________

The above visitor was briefed on ______________________ (date) on the following points involved
and protection measures to prevent potential and existing hazards:

1. Department’s Emergency Procedures and Department’s Safety & Health Policy
2. Fire escape route
3. Type of hazards and risks involved
4. Personal Protective Equipment required
5. Procedures in the event of any accident/ incident
6. First aid measures

__________________________________________________       ________________
Name/Signature of the Lab Officer                 Date

__________________________________________________       ________________
Name and Signature of Visitor/ Contractor Supervisors/ Service Engineer                     Date