

**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