Instructions for completing this form:

1. Candidate to complete section A prior to review. Consult with SMI WHS Manager if indicated.
2. Candidate to provide form to committee chair prior to review.
3. Committee chair to complete Section B during review.
4. Committee chair to email completed form to smipostgrad@uq.edu.au , SMI Workplace Health & Safety Manager (t.cronin1@uq.edu.au), candidate and advisory team.

**Section A: To be completed by candidate prior to the review**

|  |
| --- |
| 1. **Candidate details**
 |

Name

 Student Number

|  |
| --- |
| 1. **Predicted activities**
 |
| Do you anticipate undertaking:* Fieldwork
* Laboratory work
* Overseas travel
* Tasks that increases your risk of injury or illness
* Tasks requiring safety-related permits, certificates, licenses or other regulatory requirements.

Please meet with the SMI WHS Manager prior to your candidature review meeting. |  |
| Y/N |  |
| Y/N |  |
| Y/N |  |
| Y/N |  |
| Y/N |  |
|  |
| 1. **Risk assessments completed**
 |
| Risk Assessment ID | Risk Assessment Name | Nominated Supervisor | Approved |
|  |  |  | Y/N |  |
|  |  |  | Y/N |  |

|  |
| --- |
| 1. **Health and safety training completed**
 |
| Check the boxes for training courses which you have completed. |
|  | Workplace online Health & Safety |
|  | Annual Fire Safety |
|  | SMI/JKMRC Induction |
| List any Health and Safety training completed since start of candidature. Add extra rows as required. |
| Course Name | Date Completed |
|  |  |
|  |  |
|  |  |

**Section B: To be completed by chair during the review (\*Not required for Thesis Review\*)**

|  |
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| 1. **Health and safety training required**
 |
| What Health and Safety training is required for experimental work in the next 6 months? Principal advisor to forward requests to the relevant trainer.  |
|  |
| 1. **Risk assessments required**
 |
| What risk assessments is the candidate required to complete in the next 6 months?  |
|  |