

# FS501 - MCN NEW CHEMICAL, PROCESS OR EQUIPMENT APPLICATION

PQMS3-MCN-FRM-0022-V1

***Applicant to complete this section***

Applicant Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

## PROPOSAL TYPE

New chemical or material

New process

Change in process

New equipment

Proposal/Procedure details: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you discussed this proposal with an MCN Process Engineer?  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Process Engineer Name

Process Engineer Signature

Date

**MCN Process Engineer to complete this section with applicant**

MCN Equipment/location required (details): \_\_\_\_\_

\_\_\_\_\_

Duration of activity? \_\_\_\_\_ Days / Months / Ongoing

Has an SOP draft been supplied by the user?  Yes  No

Has a risk assessment been supplied by the user?  Yes  No

**FOR CHEMICALS AND MATERIALS**

Is it a hazardous substance?  Yes  No Type: \_\_\_\_\_

Is it a dangerous good?  Yes  No DG Class: \_\_\_\_\_

Is it a scheduled poison?  Yes  No Schedule: \_\_\_\_\_

What volume will be used/stored? \_\_\_\_\_

Has an MSDS been supplied by the user?  Yes  No

**FOR MATERIALS THAT MAY PRESENT AN INHALATION, DERMAL CONTACT, INGESTION OR INJECTION HAZARD**

Does it contain structures that are <100nm in any dimension?  Yes  No \_\_\_\_\_

Are there routes for inhalation, dermal contact, ingestion or injection during handling?  Yes  No

\_\_\_\_\_

Could this material pose a cross contamination hazard for the facility?  Yes  No

\_\_\_\_\_

What work practices will be adopted to prevent contamination of the facility and exposure to users?

\_\_\_\_\_

\_\_\_\_\_

## FOR BIOLOGICAL MATERIALS

What is the cell line etc? \_\_\_\_\_

How do you propose preventing cross contamination to the other cell lines used in the MCN PC2 Lab?

\_\_\_\_\_

\_\_\_\_\_

Does the cell line require licensing or registration?

\_\_\_\_\_

\_\_\_\_\_

### ***MCN Process Engineer (only) to complete this section***

#### **NEW EQUIPMENT CHECKLIST**

Have all user supplied electrical equipment, including computers and laptops have been electrically tested and tagged at appropriate intervals?  Yes  No

Are there sufficient GPOs in the proposed area to operate this equipment?  Yes  No

Will it require decontamination if removed from the MCN (ie PC2 lab operation)?  Yes  No

Does the tool require specialty services (e.g. 3 phase power, compressed gas, cooling water, cryogenics, ventilation etc.)?  Yes  No

Does the equipment generation a significant amount of noise or heat?  Yes  No

Does the equipment pose a particular hazard (e.g laser)?  Yes  No

Where equipment has hazards which are addressed specifically by Australian standards, is this equipment compliant? (e.g. laser)?  Yes  No

Is the equipment fitted with appropriate guarding?  Yes  No

Does the equipment require particular PPE for operation?  Yes  No

Is there a suitable location for the equipment identified (take into account floor loading, vibration, noise, heat, ignition source etc.) – refer to the commissioning documentation for the tool.  Yes  No

Does the equipment have functional emergency stops, interlocks, isolation or lock out devices?  Yes  No

If used for heating, does it have redundant over temperature cut off switches fitting  Yes  No

Is the equipment appropriate for the environment (e.g. cleanroom compatible, non sparking for use near flammable liquids etc)?  Yes  No

Does the equipment have a user manual?  Yes  No

Has the equipment owner been made aware of the MCN third party equipment policy?  Yes  No

## NEW CHEMICALS/MATERIALS CHECKLIST

Does it require licensing/permits/notification to use?  Yes  No

Is there a requirement to update the MCN placarding?  Yes  No

Will Chemsal take the waste?  Yes  No

What spill containment is required? \_\_\_\_\_

What spill kits are required? \_\_\_\_\_

What are the class segregation requirements and can we meet them? (ie storage cabinets etc) \_\_\_\_\_

Is there adequate storage in the DG cabinets?  Yes  No

Does the chemical require ventilated use?  Yes  No

Are there contamination issues with using this chemical in the proposed area?  Yes  No

## HAZARDOUS SUBSTANCES REQUIREMENTS

- There must be a controlled procurement route for supply and storage of these materials
- A hazardous substances register must be updated to reflect the use of this material.
- Determine if there needs to be air monitoring or health surveillance.

## <100NM NANOTECHNOLOGY HAZARD REQUIREMENTS

Does the material have any dimensions <100nm  Yes  No

Is the material friable, loose or able to become airborne?  Yes  No

Will the processing steps lead to airborne material?  Yes  No

Will the material result in cross contamination?  Yes  No

Does the material have known health implications?  Yes  No

Is there a requirement for health surveillance?  Yes  No

Is there a requirement for area surveys? (e.g particle monitoring)  Yes  No

Is there a requirement for breathing apparatus or respiratory filters as identified by the manufacturer?  Yes  
 No

Does the material have special hygiene requirements? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**CHECKLIST STANDARD REQUIREMENTS WHICH MUST BE SATISFIED DURING IMPLEMENTATION**

- Appropriate labeling for all glassware etc.
- May require separate glassware for processes.
- MSDS from suppliers or Chemwatch.
- Site Manifest update (Chemwatch)
- A standard operating procedure (SOP)
- A risk assessment
- Establish a waste stream for chemicals
- Identify and stock the correct PPE
- Identify a fume cupboard for chemical use if needed
- Set up spill kits as needed
- Set up a decontamination procedure if required
- Determine updates needed for the site emergency plan as required.
- Prepare an implementation plan.

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**THE MCN PROCESS ENGINEER CAN NOW FINALISE THIS APPLICATION AND AUTHORIZE ACTIVITY**

**OR**

**REFER THIS APPLICATION TO THE REVIEW PANEL**

**PROCESS ENGINEER REVIEW**

Process Engineer approves this application  Yes  No

Refer Application to the New Hazard Review Panel  Yes  No

\_\_\_\_\_  
Process Engineer Name

\_\_\_\_\_  
Process Engineer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Process Engineer Name

\_\_\_\_\_  
Process Engineer Signature

\_\_\_\_\_  
Date

**NEW HAZARD REVIEW PANEL REVIEW**

Review Panel approves this application  Yes  No

Panel Recommendations \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Notify the applicant of the decision  Yes  No

The person who will notify the applicant \_\_\_\_\_  
Name

Name	NHRVR Member	Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
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