

## **HAZARDOUS CHEMICAL PERMIT**

Event Name Event Date Venue/Hall									
			Booth Name						
Name of PIC		<u> </u>	Booth No						
Email			Mobile No						
Hazardous Chemical									
1	What ch	nemical are being used?							
2	What qเ	uantities will be on-site?							
3	How wil on-site?	I the chemical being used							
4	Who is on-site?	responsible of the products							
Please attach documents listed below together with this Permit									
	A currer	rrent copy of Safety Data Sheet (SDS) for each hazardous chemical product.							
•		of the Safe Work Method Statement (SWMS) and/or risk assessments specific to the hazardous nical/task. (please complete risk assessment on page 2)							
		live link of the chemical bein	,						
Per	mit Cond	ditions:							
•	Control and Lat	ntainers of hazardous chemicals must be labelled as per the requirements specified in the Guidelines on ol of Chemicals Hazardous to Health 2001 and Occupational Safety and Health (Classification Packaging abelling of Hazardous Chemical) Regulations 1997. Any unlabelled or incorrectly labelled material will be ved from site.							
•	Hazard	chemical must be stored in s	such a manner as to prevent unauthorised access.						
•		well-trained persons are permitted to handle the chemical and the correct personal protective equipment ) as required.							
	All spill/	spill/incidents are to be reported to Centre immediately.							
		others statutory requirements related to safety and risks in standard permanent workplaces and not mentioned ve also apply.							
PERMIT AGREEMENT  If at any time, an activity or operation is considered non-compliant, unsafe or placing persons or the environment at risk, the Centre representatives have the right to immediately postpone or cancel the activity until the issue is rectified. Understand that at any stage before or after this permit is approved, the Centre may add or remove any restrictions to the use or application of this permit, in its sole and absolute opinion.  (To be completed by the person responsible for the work to be performed)									
I hereby agree to meet the above mentioned requirements.									
Date									
Name									



## **RISK ASSESSMENT OR METHOD STATEMENT FORM**

Event Name									
Task/Steps		Hazard	Who's at Risks (Name)	Risk Level: Medium , High, Low	Control Measures				
Emergency response plan(s) on the potential hazard(s) arising from the activity									
					Use additional sheets where necessary				
Supervisor/Man	ager Declaration								
I the undersigned where indicated)	d agree that the exh	nibit/activity may go ahead with the	controls identified and comply with the	controls identify	n this document (and in additional documents				
Name of Exhibito	or								
Date this RA und	lertaken								