



| Pre-Purchase Health and Safety Considerations       | Tick if Required             |                             |                              | Verification Following Receipt of Order |
|---|------------------------------|-----------------------------|------------------------------|---|
| Plant safety legislation                            | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Operator Licence, permit, certificate of competency | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Registration of plant and equipment                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Public safety legislation                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Dangerous goods legislation                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Noise legislation                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Guarding / emergency stops / safety devices         | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Ergonomics  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |
| Access to information                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |   |



**SAMPLE**

**ORDER NOW AND GET FULL ACCESS**

|   |                              |                             |                              |  |
|---|------------------------------|-----------------------------|------------------------------|--|
| Labeling to meet site or local requirements   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Relevant standards (state BS number)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| <b>Special Health Safety, Environmental or Quality Requirements</b>   |                              |                             |                              |  |
| The following issues may need to be considered regarding the purchase of certain types of equipment or materials. |                              |                             |                              |  |
| If "Yes" indicate who will obtain the information needed and verify that it has been received.                    |                              |                             |                              |  |
| Presence of dangerous goods needed  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Labeling and packaging (max. weight, type etc.)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Storage with or near other materials  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Access to safety data sheets (SDS)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Additional verification required  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Additional resources for spill kit required   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Site assessment completed on the product  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Marking multiple use  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Batteries   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Oil   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Flammable   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |
| Toxic   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |  |