



5. ENVIRONMENTAL POLICIES

5.1 HEALTH

5.1.4 Toxic Chemicals – Disposals, Spills, etc.

1. That an "Application for Disposal of Chemical/s Form" be completed and filed with all relevant detail included, in all cases where Council staff dispose of chemicals on behalf of members of the public, and;
2. That subject to the approval of the memo by the Manjimup Fire Brigade, the memo setting out steps to be taken by staff confronted by situations which are obviously, or appear potentially dangerous, through the presence of chemical substances, be also adopted as policy.

**REVIEWED AND ADOPTED 22 AUGUST 2002
NEXT DUE FOR REVIEW AUGUST 2006**

The Administration of this Policy is by Statutory Services Division.

MEMO TO: All Shire Personnel
FROM: Manager Environmental Services
SUBJECT: TOXIC CHEMICAL SUBSTANCES

Staff are requested to observe the following procedures in cases of potentially hazardous situations regarding chemical materials.

1. Obviously Hazardous Situation

Telephone Manjimup Fire Brigade 9711 1225 or 000, if no answer DO NOT HANG UP wait at least two (2) minutes, as a paging system will be activated by the call. Give full details of situation and carry out any instructions given.

2. Potentially Hazardous Situation, Advice Required

Ring 9771 2365 (Fire Brigade Enquiries) or if no answer ring 9771 1000 (Manjimup Police Station) and explain the situation and request instructions. Follow instructions and advise Shire Clerk, Engineer, or Chief Health Surveyor of situation at earliest possible time.

CHEMICAL DISPOSAL APPLICATION

Please Print All Detail

Ref: HLT 3/1

Application No. _____ Date _____ Time _____

Name _____ Signature _____

Address _____

Received By _____ Signature _____

Type of Chemical Liq/Dry Qty Container

Public Health Department Recommendations for Method of Disposal Requested from:

Name _____ Designation _____

Time _____ Date _____

Recommended Method of Disposal

Site of Disposal

I, _____ certify that I have disposed of these chemicals in accordance with the recommendations of the State Health Department.

Name _____ Designation _____

Time _____ Date _____