## APPENDIX 14: Local activity Risk Assessment

***This document is provided as a template that departments might wish to adopt and/or adapt for risk assessment and work plans for individual research groups/areas.***

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| 1. **DEPARTMENT DETAILS**
 |
| **Building:**  | **Rooms or area:**  | **Risk assessment Version/Date**  |
| **Head of Department** |  |
| **Department:**  |  |
| **Academic/Line Manager** |  |
| **People returning to working on site (status/names)** | StaffPost graduate students | NAME(S)  |
| **Activity Summary** (Types of activities expected & authorised to take place – brief description of the experiments and equipment used) |
| **Shared use?**Is the space shared with individuals from other departments? If yes, please list the departments concerned |
| **Extent of on-site activity** (Indicate all that apply) |  **Yes or No?** |
| Continually with a single individual occupying the space |  |
| Continually with different individuals occupying the space one at a time |  |
| Continually with different individuals occupying the space simultaneously with appropriate physical distancing measures |  |
| Occasionally (e.g., a few short visits per day or week to check equipment) |  |

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| 1. **REDUCING THE SPREAD OF COVID-19**
 |
| **Travelling To/From Work:** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken |
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| **Safe Distancing in the Building** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken |
|  |  |
| **Safe Distancing in the Lab** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken |
|  |  |
| **Cleaning Regimes** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken e.g. availability of hand washing facilities and hand sanitizers |
|  |  |
| **Personal Protective Equipment** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken:*This is Covid-19 specific PPE beyond that needed for usual lab work* |
|  |  |
| **Lone Working Additional Precautions** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken |
|  |  |
| **Communication with the team** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken |
|  |  |
| **Equipment checks** |
| Outline any foreseeable and significant risks | Outline risk reduction measures to be taken |
|  |  |
| **First Aid Cover** |
| Are staff aware of how to summon first aid and from where? | Outline risk reduction measures to be taken |
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| 1. **MANAGING EXISTING RISKS**
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| **Have existing risk assessment been reviewed:** | Yes / No |
| **Are additional control measures required?** | Yes / No |
| **Outline any additional control measures below:** |
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| 1. **INTERNAL DEPARTMENTAL REVIEW**
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| **Role** | **Name** | **Signature** | **Date** |
| **Manager**(proposing risk assessment/work plan) |  |  |  |
| **Buildings Manager**(reviewing buildings related elements) |  |  |  |
| **DSO**(reviewing risk assessment) |  |  |  |

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| 1. **HEAD OF DEPARTMENT APPROVAL**
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| **Head of Department:**(approving risk assessment/work plan) | Name | Signature | Date |
| **Approval Comments** |

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| 1. **FURTHER REVIEW STAGE**
 |
| **Review Date** |  |
| Modifications: |
| **Review Date** |  |
| Modifications: |