## 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)** | Staff  Post 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 |
|  |  |
| **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** | |
| **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** | | | |
| **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** | | | |
| **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: | |