**PERSONAL RISK ASSESSMENT**

***INFORMATION FOR SUPERVISORS/LINE MANAGER***

It is your responsibility to ensure the completion of this form, either by yourself or by a responsible member of your staff. You must ensure the person keeps a copy of the document for their information. Levels of supervision must be discussed and agreed with the worker and procedures that pose significant risks, control measures, and training required to reduce those risks to an acceptable level must all be identified. Documentation already available such as University Policy Statements, Local Rules, Containment Levels, COSHH Risk Assessments, and Genetic Modification Assessments, should be referred to wherever possible to summarise pertinent information.

It is essential to clarify the following in the risk assessment documentation:

1) When work may not be undertaken without senior supervision present;

2) When work may not be started without the supervisor's advice;

3) That medium and high risk experimental work may not take place outside the Department's normal

working hours unless the supervisor is personally satisfied that adequate risk control measures are in place

and that adequate numbers of personnel are available to deal with any emergency that may arise.

Any newly identified hazards not previously considered elsewhere should be the subject of a separate and full risk assessment if posing significant risks - consult the appropriate Safety Officers if in doubt. This summary should be reviewed periodically and any newly identified hazards added appropriately.

Visiting young persons under eighteen years of age are not expected to attend any formal training but the hazards they are likely to be exposed to should be clearly identified and the risks evaluated and controlled with special regard to their inexperience, lack of awareness, and immaturity. These should be clearly identified in the personal risk summary which must be completed and returned before work commences.

Short term visitors (6 months or less) must be adequately supervised at all times, follow the safety instructions included and sign the declaration. You must also sign the declaration regarding supervision, hazards and control but you are not required to complete the training requirements.

If at any point you require more information or have any questions, please contact our Departmental Safety Officer via email: facilities@ndcn.ox.ac.uk.

***A. PROCEDURE OVERVIEW***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of worker:** |  | **Date Started:** | |  | |
| **Email Address:**  *(Where applicable)* |  | **Expected finish date** | |  | |
| **Status/role:** | |  | | --- | |  | | | | | |
| **Research Group / Operational Unit:** |  | **Principle Location:**  *(Detail Building and / or room number)* | |  | |
| **Day to day supervision**  **will be provided by:** |  | | | | |
| **Overview of the Work:**  *(Provide a general description of the work you are to undertake, specifically outlining any new hazards which may be introduced into the Department)* |  | | **Is this work a**  **continuation of an existing project?** *(Delete as appropriate)* | | **YES / NO** |

***B. HAZARD IDENTIFICATION & ASSESSMENT***

*From the List below; identify what hazards you are likely to encounter throughout your work in the department*

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard Categories** | **Delete as**  **necessary** | **If Yes, give Details** | **Specific Actions Required** |
| **Use of Display Screen**  **Equipment** *(e.g. Computers)* for periods >1hr at a time | **YES / NO** |  | Carry out a self-assessment on-line.  ([https:/dse.oucs.ox.ac.uk](https://dse.oucs.ox.ac.uk)). |
| **Biological Hazards** *(e.g. Pathogens, human or animal tissues & DNA / RNA)* | **YES / NO** |  | Refer to, or complete, COSHH / GM assessment.  Health Surveillance may be required, specifically if handling human tissue / blood. |
| **Genetic Modification**  Micro-organisms, plants or animals *(Record GM Assessment number)* | **YES / NO** |  | Refer to, or complete, COSHH / GM  assessment. Health Surveillance  may be required, specifically if  handling human tissue / blood. |
| **Hazardous Chemicals**  *(Specifically: Toxic/ Mutagen Carcinogen / Sensitizer / Oxidiser / Corrosive /Flammable)* | **YES / NO** |  | Refer to, or complete, COSHH  assessment. Health Surveillance may  be required, specifically if handling  human carcinogens or rosin. |
| **Ionising Radioactive**  **Material** including X-rays | **YES / NO** |  | See SRPS to register as a  Radiation Worker. |
| **Animal Work**  *(Specifically Laboratory Animal Allergen (LAA) or Zoonoses)* | **YES / NO** | **Please state location: JR/BSB** | Health Surveillance is required.  Refer to risk assessment on  Laboratory Animal Allergy / Local  Rules. |
| **Liquid gases and**  **other cryogenic materials**  *(e.g. liquid nitrogen, liquid helium, carbon dioxide)* | **YES / NO** |  | Refer to Departmental assessment for handling LN2, otherwise complete risk assessment. |
| **Lasers**  *(Specifically Class 3 or above)* | **YES / NO** |  | Users of Class 3 or above lasers  must attend University training  course. Contact Laser Supervisor. |
| **Other**  *(e.g. Manual handling, loud noise, working at height)* | **YES / NO** |  | Specific risk assessment may be  required. Discuss & complete  with Supervisor. |

***C. TRAINING REQUIREMENTS***

The majority of training will be provided, as required, by the supervisor(s). However, there are a number of specific training courses available (see: <http://www.admin.ox.ac.uk/safety> for details), which individuals may need to attend. It is the Supervisor’s responsibility to find out where and when these courses are and to ensure, where appropriate, that individuals attend. To ease this process the following checklist should be completed which indicates the safety training that should be attended. The training is provided on a regular (*e.g.* once a term) basis.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Course Title** | **Provider** | **Who is it aimed at /**  **What does it involve?** | **Registration Details**  ***(If applicable)*** | **Attendance**  **Required?** |
| Informal Laboratory Induction (Level 5 West Wing) | DSO | ALL new staff & long/short-term visitors working in Laboratory | Email: facilities@ndcn.ox.ac.uk | **YES / NO / NA** |
| Introduction to Biological Safety and GM  Safety training | Safety Office | All Laboratory Workers | https://www1.admin.ox.ac.uk/safety/safetytraining/ | **YES / NO / NA** |
| Radiation Safety for Laboratory Workers | SRPS | Registered Radiation  Workers handling radionuclides | Email: facilities@ndcn.ox.ac.uk | **YES / NO / NA** |
| Safe use of X-ray Generators, Sealed Sources & Accelerators | Safety  Office | Registered Radiation Workers working with X-Rays *etc.* | https://www1.admin.ox.ac.uk/safety/safetytraining/ | **YES / NO / NA** |
| Veterinary  Services Animal  Handling |  | All individuals planning  to work with animals | Supervisor to advise | **YES / NO / NA** |
| Introduction to Manual  Handling | Safety  Office | Anyone who lifts regularly as part of their work. | https://www1.admin.ox.ac.uk/safety/safetytraining/ | **YES / NO / NA** |
| Compressed  Gas Safety | Safety  Office | Anyone who handling compressed gas as part of their work. | https://www1.admin.ox.ac.uk/safety/safetytraining/ | **YES / NO / NA** |
| Safe Use of Cryogenic Liquids | Safety  Office | Anyone who working with cryogenic liquid as part of their work. | https://www1.admin.ox.ac.uk/safety/safetytraining/ | YES / NO / NA |

***D. DECLARATION - To be completed by the Supervisor (or nominated deputy)***

|  |  |
| --- | --- |
| **Supervision** | The level of supervision required for this work has been discussed and agreed.  Please indicate the category of supervision needed by circling A, B, C or D:  A]. Work may not start. Specific training / instruction / supervision required.  B]. Work may start but under close supervision. Further instructions required.  C]. Work may start, but care to be observed. Individual is deemed competent.  D]. Work may start. Work presents no significant risk. |
| **Hazards and controls** | All significant hazards and required controls has been outlined, using the ‘Risk summary’ above and the group’s Safety Folder / Local Rules. |
| **Name of Supervisor: Completed by:**  (If not Supervisor)  **Date:**  **Signature:** | |

***E. DECLARATION - To be completed by new worker:***

|  |  |
| --- | --- |
| **Departmental Safety Information** | I have read and **understood / require further clarification** *(delete as appropriate)* the safety information referred to in this document. It is my responsibility to familiarize myself with any further documentation identified to me. I will observe the safety instructions and implement all controls specified before starting any work. |
| **Changes to the**  **Assessment** | I understand that should my degree of exposure increase and / or my personal circumstances change (*e.g.* due to Pregnancy, Ill-health, *etc.*), I must then inform my Supervisor, Administrator and / or Departmental Safety Officer, so that the assessment can be reviewed. |
| **Signed: Date:** | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| ***F. FURTHER ACTIONS REQUIRED – To be completed by Department / Area Safety Officer*** | | | | | | |
| Date Form Issued: | |  | Date Form Returned: | | |  |
| **From the information supplied above, highlight any further action which is required. Detail in the last section when this action has been completed.** | | | | | | |
| Area | Question | | | Status | Action | |
| **Occupational Health** | Is Health Surveillance required? | | | YES / NO | *If yes, email HS1 form to user* | |
| **Biological Hazards** | Does the individual need to be registered as a Pathogen Worker? | | | YES / NO | *This applies to CL3 users only* | |
| **Genetic Modification** | Does the individual need to be registered as a GM Worker? | | | YES / NO | *GMORA number needed from users* | |
| **Ionizing Radiation** | Does the individual need to be registered as a Radiation Worker? | | | YES / NO | *Contact Lesley Jacobson (SRPS)* | |
| **Manual Handling** | Is the user expecting to exceed MH weight guidelines? | | | YES / NO | *Email link to MHO course*  *Check if MHO RA is required* | |
| **Cryogenics** | Is the users going to use LN2 cryostore? | | | YES / NO | *Email link to cryogenic course* | |
| **Laser** | Does the individual need to be registered as a Laser Worker? | | | YES / NO | *Email the link to Laser introduction course* | |
| **Display Screen**  **Equipment** | Does the individual need to be issued  with a ‘Self-Assessment’? | | | YES / NO | *Look up DSE database for user and send request* | |
| **Other Risk Assessment/Information required – Detail, as necessary, below:**   * Email Biosafety course to all lab users | | | | | | |