**Out of hours/lone working declaration**

**University of Oxford, Nuffield Department of Clinical Neurosciences**

**Part 1 – the activity**

Please details activities and relevant risk assessment linked to the activity:

Please details below hazards, risk and control measures:

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| **Hazard** | **Risk** *(circle relevant or delete as appropriate)* | **Control measures (complete)** |
| **Liquid nitrogen**  *Use only permitted out of hours if unavoidable and then only permitted with at least 2 trained and competent persons present.* | Equivalent/greater |  |
| **Toxic, corrosive or flammable materials**  *Use of stock material is permitted only if unavoidable and then only with at least 2 trained and competent persons present.* | Equivalent/greater |  |
| **High speed centrifugation** | Equivalent/greater |  |
| **Electrophoresis equipment** | Equivalent/greater |  |
| **Compressed gases**  *Movement of compressed cylinder is permitted only if unavoidable and then only with at least 2 trained and competent persons present.* | Equivalent/greater |  |
| **Biological material – Containment level 2**  *Use of sharps with CL2 material is permitted only if unavoidable and then only with at least 2 trained and competent persons present.* | Equivalent/greater |  |
| **Any other material, equipment or procedure of significant risk** | Equivalent/greater |  |

**Part 2 - Emergency procedures**

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| **First aid boxes** | *Sited in the laboratory and office areas* |
| **Emergency eye wash stations** | *Sited by each lab door (special lab and large labs)* |
| **Emergency chemical spill** | *Sited by fume cupboards in large labs* |
| **Phenol antidote (PEG 300)** | *Sited by fume cupboards in large labs* |
| **Has individual undergone first aid training or Fire training?** | *First Aid Yes/No*  *Fire training Yes/No* |
| **Detail any specialist First Aid measures that are required above normal emergency response** *(e.g. Action for LN2 or Phenol spill)* | |
| **Detail any specialist isolation procedures for hazardous equipment that might be required** *(e.g. Isolated electricity at switch or emergency stop buttons)* | |
| **Detail below names and details of specific emergency contacts** *(e.g. supervisor)* | |
| **>> In the event of an hours of hours emergency contact OUH SECURITY SERVICES**  **using 4444 or 01865 857 727.** | |
| **Details of any other requirements or special procedures** | |

**Part 3 – Final assessment and sign off**

**The applicant**

I confirm that I have received and read the out of hours working policy and agree to be bound by its requirements.

I confirm that I have read and understood all relevant risk assessments related to the activities I will be undertaking.

I confirm that I have received all relevant training related to the activities I will be undertaking and that this training has been recorded in my personal training record.

I accept that failure to comply with the out of hours working policy or other points mentioned above, either wholly or in part, can result in disciplinary action.

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| **Signature of applicant:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name (block letters):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Post held:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **NSH Card number (front number and first 5 digit at the back)** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The applicant’s supervisor**

I confirm that I give permission for the applicant to be given out of hours access following the control measures listed above.

I acknowledge that I am responsible for the health, safety and wellbeing of the applicant at all times whilst they are at work in the Nuffield Department of Clinical Neurosciences.

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| **Signature of supervisor:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name (block letters):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |