**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, notify facilities, call 07 521 161 549****>> In the event of Security issue contact OU SECURITY SERVICES on 01865 289 999** |
| **Details of any other requirements or special procedures** |

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

All persons working outside normal hours (07.00 - 19:00, Monday to Friday) must comply with procedures outlined in the NDCN policy on Out of Hours Access & Lone Working.

By signing below, the individual under assessment confirms that they:

* *Have read the NDCN out of hours & lone working policy and agree to be bound by its requirements.*
* *Have read and understood all relevant risk assessments related to the activities they will undertake and will follow control measures highlighted in the RA.*
* *They have received training relevant to the activities they will undertake and that this training has been recorded.*
* *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 withdrawal of access and possible disciplinary action.*

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| **Signature of applicant:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Name (block letters):** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Email:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Post held:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Date:** | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Card number**  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**The applicant’s supervisor**

Supervisors have a legal duty to manage risks appropriately for all their staff, students and visitors.

By signing this form, the supervisor confirms the user is competent to lone work / out of hours –following the control measures listed above – and has completed all the necessary training.

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

>> The access and risk assessment must be reviewed and revised if the work activities change significantly.