

UNIVERSITY OF OXFORD • DEPARTMENT OF PHYSICS

HEALTH AND SAFETY FORM FOR PERSONNEL

Name Area/Group/Project
(Please print) (incl. room nos, if appropriate)

Supervisor Sub Dept

SAFETY INDUCTION TRAINING

I have attended the Department's safety induction training talk.

Signed..... Date of attendance.....

LASER SAFETY AND EYE HEALTH DECLARATION

Please complete either section A (working with lasers) or section B (not working with lasers)

(A) All potential Laser users (see Work Hazard Checklist) must complete sections Ai, Aii, and Aiii,

i) I do not suffer from diabetes or glaucoma or have any past history of eye disease, eye damage or malfunction.

(Please contact the Laser Safety Supervisor if you are unable to sign this section).

Signed..... Date.....

ii) I have read and agree to follow the safety principles laid down in the University Policy Statement S2/09 "Laser Safety" (available from your Supervisor).

Signed..... Date.....

iii) I have watched the Laser safety video and have read and understood the written information that accompanied it.

Signed..... Date.....

(B) I shall not be using Lasers or working in a Laser designated area during the course of my work.

Signed..... Date.....

DECLARATION FOR WORKING WITH (OR NEAR) MAGNETIC FIELDS

I do not have i) a heart pacemaker ii) artificial heart valves or iii) surgically implanted metallic clips or pins.

(Please contact a Physics Area Safety Officer if you are unable to sign this section).

Signed..... Date.....

RADIATION PROTECTION DECLARATION

Please complete either section C (working with ionising radiation) or section D (not working with ionising radiation)

(C) My work is likely to involve the use of ionising radiation (see Work Hazard Checklist). Please inform the Senior Radiation Protection Supervisor of this, on my behalf.

Signed..... Date.....

(D) I shall not be using ionising radiation or working in a designated area for ionising radiation during the course of my work.

Signed..... Date.....

HEALTH AND SAFETY HANDBOOK

I have read the “Department of Physics - Health and Safety Handbook” which includes the Statement of Safety Organisation (available from <https://www.physics.ox.ac.uk/Healthsafety/>)

Signed..... Date.....

RISK ASSESSMENT DECLARATION

My Supervisor has made available to me the written Risk Assessment(s)* relating to my work in the Department of Physics.

I understand that if, at any time, I am unclear on working procedures I must consult either my Supervisor, or the Departmental Safety Officer or the Physics Area Safety Officer.

Signed..... Date.....

* Please give details of the Risk Assessment(s) for the work activities in which you will be involved:

Risk Assessment(s)
(Reference number, Title etc.)

TO THE SUPERVISOR:

1) Work Hazard Checklist: Tick the hazards and/or work activities, listed below, that are likely to give rise to significant Health and Safety risks to the named person whilst performing his or her work. You must ensure that written risk assessments are prepared for those hazards that you tick, prior to the named person commencing work, in accordance with University Policy Statement S5/08 (Risk Assessment).

Model risk assessments are available on the Department’s Health and Safety webpage at <https://www.physics.ox.ac.uk/Healthsafety/Section13/ModelRisks.htm>

for all items marked with a single asterisk. Safety supervisors or assessors are to be consulted prior to commencing work for all items marked with a double asterisk. Contact the Physics Area Safety Officers for further details.

Reference should be made to the following University Policy Statements:

S5/08, Risk Assessment, available at <http://www.admin.ox.ac.uk/safety/ups0508.shtml>

S1/09, Supervisors’ Responsibilities, available at <http://www.admin.ox.ac.uk/safety/ups0109.shtml>

- Pressure Systems*
- Compressed Gases and Gas Cylinders*
- Electrical/Electronic Equipment*
- Liquid Refrigerants*
- Ultra Violet Lamps*
- Glassware and Sharps*
- High Magnetic Fields*
- Electrophoresis Equipment

Engineering Workshops*:

- Machine Tools / Metalworking Fluids / Lifting Equipment / Manual Handling*
- Abrasive Wheels*
- Hand Tools*
- Ladders*
- Welding/Cutting*
- Lift Trucks*
- Tower Scaffolding*

Woodworking Workshops*:

- General Assessment / Machine Tools / Manual Handling*

Display Screen Equipment (i.e. computers) – NB DSE ASSESSMENT REQUIRED

OTHERS (specify):

Chemicals:

- Toxic*
- Flammable*
- Corrosive*
- Reactive/Unstable*
- General, Not Laboratory Specific, Chemical Preparations (cleaning agents etc.)*
- Paints, Resins and Glues containing Isocyanates*
- General Painting*

- Lasers**
- Radioactive Substances**
- Particle Accelerators**/ Neutron Sources**
- X-Ray Generators**
- Noise**
- Manual Handling**

2) Complete the table below by listing the work hazard(s) ticked above in (1) and then defining the associated risk and required level of supervision (categorised A to D) for the named person

- A** Work must not be undertaken unless the Supervisor named above is present.
- B** Work must not be undertaken unless another member of staff, nominated by the Supervisor named above, is present.
- C** Work must not be started without the advice of the Supervisor named above or his/her nominee.
- D** Work with risks, other than A, B and C above, where it is considered essential that workers are adequately trained and competent in the procedures involved.

Identified hazard from (1)	Risk Category A, B, C or D	Person supervising when B or C risk categories have been identified

DECLARATION OF SUPERVISOR:

I believe that the circumstances under which the work will be undertaken have been properly declared. I have:

- a) in accordance with University Policy Statement S5/08 ensured that written risk assessments, including methods of working to minimise risks, have been prepared and made available to personnel
- b) indicated the category of risk and required level of supervision
- c) named the person(s), other than myself, who will immediately supervise the work of risk category type B and C
- d) ensured that work of sufficiently high risk undertaken outside the Department’s normal working hours has adequate risk control measures in place and that adequate numbers of personnel are available to deal with any emergency that may arise (University Policy Statement S5/08) and
- e) wherever the work involves lasers, added the persons name to the list of authorised users on the relevant laser record forms and ensured that he/she has signed these forms, if required, to indicate that he/she has read and understood the contained information.

Signed:

Date:

PLEASE RETAIN THE COMPLETED FORM AND SEND A COPY TO ALICE THURSTON, PHYSICS SAFETY SECRETARY, DENYS WILKINSON BUILDING.