*Persons completing this assessment should refer to the* [*UCD Fieldwork Safety Manual*](https://intranet.ucd.ie/sirc/safetydocumentsandguides/index.html)

1. **General Information**

|  |  |
| --- | --- |
| **Name of Person(s) nominated as Fieldwork Leader** **and their position** |  |
| **Principal Investigator / Supervisor / Head of School or Unit*****(Person responsible for ensuring safety)*** |  |
| **Name(s) of other staff members attending and their position** |  |
| **Details of fieldwork participants i.e. undergraduate students; postgraduate researchers; etc.** |  |
| **Date of Assessment** |  |
| **Duration and Frequency of fieldwork** ***(Please provide date or range of dates of fieldwork)*** |  |
| **Location of fieldwork** |  |

***Please see Appendix 1 for Attendance sheet and Next-of-Kin details required for each participant, including fieldwork leader(s).***

1. **Title and Details of the Proposed Fieldwork -** *Provide details of fieldwork objectives, activities, equipment used, location, transport arrangements, third party requirements, site owner details, etc. Attach additional information, drawings, maps, permits, etc. as required.*

|  |
| --- |
| **Title of Fieldwork:** |
| **Details:** |

1. **Hazard Identification and Risk Assessment**

*Refer to the* [*UCD Fieldwork Safety Manual*](https://intranet.ucd.ie/sirc/safetydocumentsandguides/index.html) *for further detail*

To complete the Risk Assessment Form below:

* Identify the hazards in undertaking this fieldwork
* Evaluate the associated risks and consider who might be harmed and how, including any persons with health problems or lacking experience who may be at greater risk.
* List control measures to reduce the risk - procedures, equipment, training etc.
* Establish the residual risk rating after the implementation of controls

**Risk Rating = Likelihood of risk occurring x Severity of outcome**

****

**Assessment of Likelihood and Severity**

****

1. **Trivial Risk:** No further action needed
2. **Acceptable Risk:** No additional risk control measures required
3. **Moderate Risk:** Implement further risk control measures if possible
4. **Substantial Risk:** Further control measures must be implemented. If this is not possible then work must be strictly managed to ensure safety.
5. **Intolerable:** Work must be prohibited until further control measures are implemented.

|  |  |  |
| --- | --- | --- |
| **Hazard** | **Risk(s)** | **Control Measure(s)** |
| 1. **Physical hazards**

(e.g. extreme weather; mountains and cliffs, quarries, marshes; fresh or seawater) |  |  |  |
| **Residual Risk Rating**:  |
| 1. **Biological hazards**

(e.g. poisonous plants; aggressive animals; insects, soil or water micro organisms) |  |  |  |
| **Residual Risk Rating**: |
| 1. **Chemical hazards**

(e.g. pesticides; dusts; contaminated soils; chemicals brought into site) |  |  |  |
| **Residual Risk Rating**: |
| 1. **Man-made hazards**

(e.g. electrical equipment; vehicles, insecure buildings; slurry pits; power and pipelines) |  |  |  |
| **Residual Risk Rating**:  |
| 1. **Personal safety**

(e.g. lone working, violence and aggression) |  |  |  |
| **Residual Risk Rating**: |
| **Hazard** | **Risk(s)** | **Control Measure(s)** |
| 1. **Environmental impact**

(e.g. rubbish; pollution, extreme heat/ cold) |  |  |  |
| **Residual Risk Rating**: |
| 1. **Other hazards**

(e.g. manual handling, fatigue, etc.) |  |  |  |
| **Residual Risk Rating**: |

1. **Additional Risk Control Measures**

|  |  |
| --- | --- |
|  | **Select as appropriate** |
| **Yes** | **No** | **N/A** |
| 1. **Has adequate insurance been obtained (Incl. PL, equipment or travel)?** *Provide Details below*
 |  |  |  |
|  |
| 1. **Have suitable travel arrangements been made (incl. licensed drivers)?** *Provide Details below*
 |  |  |  |
|  |
| 1. **Has permission been obtained from landowner to work onsite?**
 |  |  |  |
| 1. **Has adequate documented training and information been given to all participants?**
 |  |  |  |
| 1. **Have next of kin details been obtained for all participants, including fieldwork leader(s)? (See Appendix 1)**
 |  |  |  |
| 1. **Has adequate provision been made for persons with health problems or any special requirements?** *Provide Details below*
 |  |  |  |
|  |
| 1. **Have adequate first aid provisions been made?** *Provide Details below*
 |  |  |  |
|  |
| 1. **Detail fieldwork emergency response plan, including emergency response contact numbers**
 |
| 1. **Detail all necessary safety and other equipment that must be carried by the expedition as a whole and by every individual, include clothing requirements**
 |

1. **Covid 19 Person to Person / Environmental Risks and Controls**

|  |
| --- |
| This section only relates to risks from other persons and the environment, not from handling Covid 19 material. Handling Covid 19 material must be assessed via a [Biological Agents Risk Assessment](https://intranet.ucd.ie/sirc/riskassessmenttemplates/index.html). |
| 1. **Risk Level of work (as per** [***UCD High Level Covid 19 Risk Assessment***](https://intranet.ucd.ie/sirc/coronaviruscovid19-ucdguidanceandinformation/returntocampusworking/index.html)***)***
 | [ ]  Acceptable Risk (Complete parts b - j below)[ ]  Requires Task Specific Covid 19 Risk Assessment and attach with this document(Contact with High Risk Persons[[1]](#footnote-1) or Higher Risk Contact[[2]](#footnote-2)) |
| 1. **Controls in place**
 | [ ]  Only attending work when well [ ]  Physical distancing maintained at all times[ ]  Good hand, respiratory and general hygiene measures[ ]  Adherence to HSE guidance on self-isolation in specified circumstances[ ]  Use of Work Pod model as appropriate[ ]  UCD Covid 19 Induction Training completed |
| 1. **Travel arrangements**
 | [ ]  Public Transport[ ]  Own Vehicle[ ]  UCD Vehicle Controls in place: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| 1. **Physical distancing measures in place**

*(Outline how physical distancing will be maintained at all times)* |  |
| 1. **Details of work pod in place**
 |  |
| 1. **PPE in use**
 | Lab Coat: [ ]  Safety Glasses: [ ] Safety Goggles: [ ]  Face Shield: [ ]  Mask: [ ]  (indicate type[[3]](#footnote-3)) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Gloves: [ ]  (indicate type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apron / Gown / Coverall [ ]  (indicate type) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Other: [ ]  (give details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 1. **Engineering controls**
 |  |
| 1. **Waste disposal procedures**
 |  |
| 1. **Hygiene Practices**
 | [ ]  No eating or drinking in work area [ ]  Hand washing Facilities Available[ ]  Hand sanitiser Available[ ]  No insertion of objects into mouth [ ]  Do not touch your face with gloved hands or if hands not clean [ ]  Avoid shared equipmentOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Give details) |
| 1. **Cleaning and disinfection Protocols in place (give details)**
 |  |

1. **Sign off by Fieldwork Leader and Head of School/ Principal Investigator**

**Is the risk rating acceptable:**  Yes: [ ]  No: [ ]

*If yes sign and date below and ensure all risk control measures have been implemented.*

*If no identify further control measures and reassess risk. If the risk cannot be reduced to an acceptable level then the process cannot be carried out.*

**Is this work suitable for lone working:** Yes: [ ]  No: [ ]

**Signed: Date: Position:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signed: Date: Position:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*This document must be signed by the person carrying out the assessment and their academic supervisor / manager / head of school(person responsible for ensuring safety).*

**Appendix 1 – Attendance Sheet of all fieldwork participants**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Contact Details**  | **Next-of-Kin Name** | **Next-of-Kin Contact Details** |
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1. Contact with persons known or suspected of carrying the virus [↑](#footnote-ref-1)
2. Spending more than 15 minutes in the same space as another person not known or suspected of having the virus, but without applying physical distancing / repeated contact at less than 1m irrespective of the PPE being worn. Fieldwork involving an overnight stay. [↑](#footnote-ref-2)
3. HSE Guidance on the [Safe Use of Masks](https://www2.hse.ie/conditions/coronavirus/face-masks-disposable-gloves.html) [↑](#footnote-ref-3)