*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**

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**Assessment of Likelihood and Severity**

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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 equipment  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(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**

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| --- | --- | --- | --- |
| **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)