**1. General Information**

|  |  |
| --- | --- |
| **Name of Person(s) carrying out assessment****and their position** |  |
| **Principal Investigator / Supervisor / Head of School or Unit***(Person responsible for ensuring safety)* |  |
| **Date of assessment** |  |
| **Location of equipment** (*If machinery is to be used as part of fieldwork or offsite, please complete a* [*Fieldwork Risk Assessment*](https://intranet.ucd.ie/sirc/completedriskassessments/index.html) *and refer to the* [*Fieldwork Guidance Manual*](https://intranet.ucd.ie/sirc/safetydocumentsandguides/index.html)*)* |  |

**2. Detail the Function and Usage of The Equipment in Question**– *indicate the frequency and duration of the use, the function / use of the equipment, the materials to be worked on, who will be using the equipment, etc.*

|  |
| --- |
| **Name and function of equipment:** |
| **Details:** |

**3. Equipment Operating Guidelines**

|  |
| --- |
| 1. **Detail how to safely start equipment**
 |
| 1. **Detail how to safely stop equipment**
 |
| 1. **Detail how to stop equipment in an emergency**
 |
| 1. **Detail how to deal with blockages / malfunctions in equipment**
 |
| 1. **Detail how equipment can be isolated from the power supply**
 |

**4. Further details on equipment use**

|  |  |
| --- | --- |
|  | **Select as appropriate** |
| **Yes** | **No** |
| 1. **a. Does the work involve the use of a chemical agent?** *If yes complete a* [*Chemical Agents Risk Assessment*](https://intranet.ucd.ie/sirc/completedriskassessments/index.html) *in addition to this assessment.*
 |  |  |
| 1. **b. Is specialist training required by users of this equipment?** *If yes detail the type of training and who is authorised to provide such training.*
 |  |  |
| 1. **c. Will the machinery be used as part of fieldwork or offsite?***If yes then please complete a* [*Fieldwork Risk Assessment*](https://intranet.ucd.ie/sirc/completedriskassessments/index.html) *and refer to the* [*Fieldwork Guidance Manual*](https://intranet.ucd.ie/sirc/safetydocumentsandguides/index.html)*.*
 |  |  |

**5. PPE Required to Operate Equipment Safely**

|  |  |
| --- | --- |
| **List the Personal Protective Equipment in use:** | Protective Clothing:[ ]  (give details) \_\_\_\_\_\_\_\_\_\_\_\_ Safety Glasses: [ ]  Safety Googles: [ ]  Gloves: [ ]  (indicate type) \_\_\_\_\_\_\_\_\_\_\_\_Hearing Protection: [ ]  (give details) \_\_\_\_\_\_\_\_\_\_\_\_Face Shield: [ ] Other: [ ]  (give details) \_\_\_\_\_\_\_\_\_\_\_\_\_ |

**6. Hazard Details and Risk Control Measures**

|  |  |
| --- | --- |
| 1. **Entanglement Hazards**
 | **Select as appropriate** |
| **Yes** | **No** |
| **Are there any moving parts in which clothing, body parts or any other items can become entangled in?** *If yes, such moving parts must be suitable isolated, guarded and or signed.* |  |  |
| **Control Measures:**  |  |  |
| 1. **Crushing Hazards**
 |  |  |
| **Is it possible for any body parts to become crushed during operations of the equipment or for equipment loads or parts to become unstable and to topple over onto a person?** *If yes danger areas must be suitable isolated or guarded and / or clearly marked and if possible, not accessible.* |  |  |
| **Control Measures:** |  |  |
| 1. **Cutting, Stabbing and Puncturing Hazards**
 |  |  |
| **Is it possible for stabbing, puncturing or cutting injuries to be suffered during operation?** *If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented* |  |  |
| **Control Measures:** |  |  |
| 1. **Shearing Hazards**
 |  |  |
| **Can body parts be caught between two parts of the equipment or a part of the equipment and an external object?** *If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented.* |  |  |
| **Control Measures:** |  |  |
| 1. **Striking / Disintegration Hazards**
 |  |  |
| **Is it possible to be struck by moving parts of the equipment or by equipment components / product in the event of a malfunction?** *If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented.* |  |  |
| **Control Measures:** |  |  |
| 1. **Electrical Hazards**
 |  |  |
| * **Is the equipment suitably earthed, fused and connected to the power supply via an RCD?**
* **Are all cables in good condition? Are all live parts isolated?** *If yes, then measures must be taken to ensure that the equipment is made electrically safe.*
 |  |  |
| **Control Measures:**  |  |  |
| 1. **Temperature Issues Hazards**
 |  |  |
| **Do any accessible parts of the equipment get excessively hot or cold?** *If yes parts must be suitable isolated or guarded and / or danger areas must be clearly marked and / or suitable staff training must be implemented.* |  |  |
| **Control Measures:** |  |  |
| 1. **Noise Hazards**
 |  |  |
| **Is the equipment noisy?** *If yes equipment must be isolated and / or hearing protection must be worn and signage to that effect must be visible.* |  |  |
| **Control Measures:** |  |  |
| 1. **Vibration Hazards**
 |  |  |
| **Are users required to come into contact with vibrating parts**? *If yes, then work processes must be designed to minimise contact with such parts and / or equipment should be mounted on shock absorbers or similar.* |  |  |
| **Control Measures:** |  |  |
| 1. **Dust Hazards**
 |  |  |
| **Does use of the equipment generate dusty atmospheres?** *If yes, then work processes must be isolated; local exhaust ventilation may be required, wet systems of work may be required, etc.* |  |  |
| **Control Measures:** |  |  |
| 1. **Chemicals / Exhausts / Fumes Hazards**
 |  |  |
| **Does operation of the equipment give rise to the generation of airborne contaminants?** *If yes, then work processes must be isolated; local exhaust ventilation may be required, wet systems of work may be required, etc.* |  |  |
| **Control Measures:** |  |  |
| 1. **Pressurised / Hydraulic Systems Hazards**
 |  |  |
| **Are pressurised or hydraulic systems in use on the equipment that could give rise to injury if they failed?** *If yes, then work processes must be isolated, regular maintenance of equipment is required, etc.* |  |  |
| **Control Measures:** |  |  |
| 1. **Lifting Task Hazard**
 |  |  |
| **Is the equipment required to engage in lifting tasks, the failure of which could lead to user injury or persons in the vicinity?** *If yes, then work processes must be isolated, lifting plant must be inspected regularly, safe working loads must not be exceeded, users must be trained, etc.* |  |  |
| **Control Measures:** |  |  |
| 1. **Slipping, Tripping and Falling Hazards**
 |  |  |
| **Can anyone using the equipment or in the vicinity slip, trip or fall due to the operation of the equipment e.g. poor housekeeping, dust / oil on the floor, etc.?** *If yes, then measures must be taken to ensure good housekeeping.* |  |  |
| **Control Measures:** |  |  |
| 1. **Ergonomics Hazards**
 |  |  |
| **Can anyone using the equipment be subjected to poor posture, repetitive movements, undue physical strain, etc.?** *If yes, then measures must be taken to ensure good ergonomic practices and modification of the working environment may be required.* |  |  |
| **Control Measures:** |  |  |
| 1. **Other Hazards**
 |  |  |
| **Are there any other risk factors that can be associated with the operation of this equipment?** *If yes, then outline additional control measures.* |  |  |
| **Control Measures:** |  |  |

**7. 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)**
 | [ ]  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. **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. **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)**
 |  |

**8. Risk Rating and Document Approval by Supervisor/ Manager / Head of School**

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

|  |  |
| --- | --- |
|  |  **Severity** |
| **Likelihood** |  | **Low** | **Medium** | **High** |
| **Low** | Trivial | Acceptable | Moderate |
| **Medium** | Acceptable | Moderate | Substantial |
| **High** | Moderate | Substantial | Intolerable |

**Assessment of Likelihood and Severity**

|  |  |  |
| --- | --- | --- |
|  | **Severity of Outcome** | **Likelihood of Exposure** |
| **Low** | Slightly Harmful | Unlikely |
| **Medium** | Harmful | Likely |
| **High** | Very Harmful | Very Likely |

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.

**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: [ ]

*If yes, a* [*lone worker risk assessment*](https://intranet.ucd.ie/sirc/riskassessmenttemplates/index.html) *must be completed and attached to this document.*

**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).*

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 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)