

RISK ASSESSMENT FORM FIELD / LOCATION WORK

The Approved Code of Practice - Management of Fieldwork should be referred to when completing this form
http://www.ucl.ac.uk/efd/safety_services/www/guidance/fieldwork/acop.pdf

DEPARTMENT/SECTION

LOCATION(S)

PERSONS COVERED BY THE RISK ASSESSMENT

BRIEF DESCRIPTION OF FIELDWORK

Consider, in turn, each hazard (white on black). If **NO** hazard exists tick (**NO✓**) and move to next hazard section. If a hazard does exist tick (**YES✓**) and assess the risks that could arise from that hazard in the risk assessment box. **Where risks are identified that are not adequately controlled they must be brought to the attention of your Departmental Management who should put temporary control measures in place or stop the work. Detail such risks in the final section.**

ENVIRONMENT

e.g. location, climate, terrain, neighbourhood, in outside organizations, pollution, animals.

The environment always represents a safety hazard. Use space below to identify and assess any risks associated with this hazard

Examples of risk: adverse weather, illness, hypothermia, assault, getting lost. Is the risk high/medium/low?

CONTROL MEASURES

Indicate which procedures are in place to control the identified risk

- | | |
|--------------------------|---|
| <input type="checkbox"/> | work abroad incorporates Foreign Office advice |
| <input type="checkbox"/> | participants have been trained and given all necessary information |
| <input type="checkbox"/> | only accredited centres are used for rural field work |
| <input type="checkbox"/> | participants will wear appropriate clothing and footwear for the specified environment |
| <input type="checkbox"/> | trained leaders accompany the trip |
| <input type="checkbox"/> | refuge is available |
| <input type="checkbox"/> | work in outside organisations is subject to their having satisfactory H&S procedures in place |
| <input type="checkbox"/> | OTHER CONTROL MEASURES: please specify any other control measures you have implemented: |

EMERGENCIES

e.g. fire, accidents

Where emergencies may arise use space below to identify and assess any risks

Examples of risk: loss of property, loss of life

CONTROL MEASURES

Indicate which procedures are in place to control the identified risk

- | | |
|--------------------------|---|
| <input type="checkbox"/> | fire fighting equipment is carried on the trip and participants know how to use it |
| <input type="checkbox"/> | contact numbers for emergency services are known to all participants |
| <input type="checkbox"/> | participants have means of contacting emergency services |
| <input type="checkbox"/> | participants have been trained and given all necessary information |
| <input type="checkbox"/> | a plan for rescue has been formulated, all parties understand the procedure |
| <input type="checkbox"/> | the plan for rescue /emergency has a reciprocal element |
| <input type="checkbox"/> | OTHER CONTROL MEASURES: please specify any other control measures you have implemented: |

EQUIPMENT <i>e.g. clothing, outboard motors.</i>	Is equipment used?	NO		Move to next hazard Use space below to identify and assess any risks
		YES		
Examples of risk: inappropriate, failure, insufficient training to use or repair, injury. Is the risk high / medium / low ?				

CONTROL MEASURES	Indicate which procedures are in place to control the identified risk
<input type="checkbox"/>	the departmental written Arrangement for equipment is followed
<input type="checkbox"/>	participants have been provided with any necessary equipment appropriate for the work
<input type="checkbox"/>	all equipment has been inspected, before issue, by a competent person
<input type="checkbox"/>	all users have been advised of correct use
<input type="checkbox"/>	special equipment is only issued to persons trained in its use by a competent person
<input type="checkbox"/>	OTHER CONTROL MEASURES: please specify any other control measures you have implemented:

LONE WORKING <i>e.g. alone or isolated, lone interviews.</i>	Is lone working a possibility?	NO		Move to next hazard Use space below to identify and assess any risks
		YES		
Examples of risk: difficult to summon help. Is the risk high / medium / low?				

CONTROL MEASURES	Indicate which procedures are in place to control the identified risk
<input type="checkbox"/>	the departmental written Arrangement for lone/out of hours working for field work is followed
<input type="checkbox"/>	lone or isolated working is not allowed
<input type="checkbox"/>	location, route and expected time of return of lone workers is logged daily before work commences
<input type="checkbox"/>	all workers have the means of raising an alarm in the event of an emergency, e.g. phone, flare, whistle
<input type="checkbox"/>	all workers are fully familiar with emergency procedures
<input type="checkbox"/>	OTHER CONTROL MEASURES: please specify any other control measures you have implemented:

ILL HEALTH

e.g. accident, illness, personal attack, special personal considerations or vulnerabilities.

The possibility of ill health always represents a safety hazard. Use space below to identify and assess any risks associated with this Hazard.

Examples of risk: injury, asthma, allergies. Is the risk high / medium / low?

CONTROL MEASURES

Indicate which procedures are in place to control the identified risk

- | | |
|--------------------------|---|
| <input type="checkbox"/> | an appropriate number of trained first-aiders and first aid kits are present on the field trip |
| <input type="checkbox"/> | all participants have had the necessary inoculations/ carry appropriate prophylactics |
| <input type="checkbox"/> | participants have been advised of the physical demands of the trip and are deemed to be physically suited |
| <input type="checkbox"/> | participants have been adequate advice on harmful plants, animals and substances they may encounter |
| <input type="checkbox"/> | participants requiring medication have advised the leader of this and carry sufficient medication for their needs |
| <input type="checkbox"/> | OTHER CONTROL MEASURES: please specify any other control measures you have implemented: |

TRANSPORT

e.g. hired vehicles

Will transport be required

NO

YES

Move to next hazard

Use space below to identify and assess any risks

Examples of risk: accidents arising from lack of maintenance, suitability or training
Is the risk high / medium / low?

CONTROL MEASURES

Indicate which procedures are in place to control the identified risk

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Only public transport will be used |
| <input type="checkbox"/> | The vehicle will be hired from a reputable supplier |
| <input type="checkbox"/> | Transport must be properly maintained in compliance with relevant national regulations |
| <input type="checkbox"/> | Drivers comply with UCL Policy on Drivers http://www.ucl.ac.uk/hr/docs/college_drivers.php |
| <input type="checkbox"/> | Drivers have been trained and hold the appropriate licence |
| <input type="checkbox"/> | There will be more than one driver to prevent driver/operator fatigue, and there will be adequate rest periods |
| <input type="checkbox"/> | Sufficient spare parts carried to meet foreseeable emergencies |
| <input type="checkbox"/> | OTHER CONTROL MEASURES: please specify any other control measures you have implemented: |

DEALING WITH THE PUBLIC

e.g. interviews, observing

Will people be dealing with public

NO

YES

Move to next hazard

Use space below to identify and assess any risks

Examples of risk: personal attack, causing offence, being misinterpreted. Is the risk high / medium / low?

CONTROL MEASURES

Indicate which procedures are in place to control the identified risk

- | | |
|--------------------------|---|
| <input type="checkbox"/> | all participants are trained in interviewing techniques |
| <input type="checkbox"/> | interviews are contracted out to a third party |
| <input type="checkbox"/> | advice and support from local groups has been sought |
| <input type="checkbox"/> | participants do not wear clothes that might cause offence or attract unwanted attention |
| <input type="checkbox"/> | interviews are conducted at neutral locations or where neither party could be at risk |
| <input type="checkbox"/> | OTHER CONTROL MEASURES: please specify any other control measures you have implemented: |

WORKING ON OR NEAR WATER*e.g. rivers, marshland, sea.***Will people work on or near water?****NO****YES****Move to next hazard****Use space below to identify and assess any risks**

Examples of risk: drowning, malaria, hepatitis A, parasites. Is the risk high / medium / low?

CONTROL MEASURES**Indicate which procedures are in place to control the identified risk**
☐ lone working on or near water will not be allowed

☐ coastguard information is understood; all work takes place outside those times when tides could prove a threat

☐ all participants are competent swimmers

☐ participants always wear adequate protective equipment, e.g. buoyancy aids, wellingtons

☐ boat is operated by a competent person

☐ all boats are equipped with an alternative means of propulsion e.g. oars

☐ participants have received any appropriate inoculations

☐ OTHER CONTROL MEASURES: please specify any other control measures you have implemented:
MANUAL HANDLING (MH)*e.g. lifting, carrying, moving large or heavy equipment, physical unsuitability for the task.***Do MH activities take place?****NO****YES****Move to next hazard****Use space below to identify and assess any risks**

Examples of risk: strain, cuts, broken bones. Is the risk high / medium / low?

CONTROL MEASURES**Indicate which procedures are in place to control the identified risk**
☐ the departmental written Arrangement for MH is followed

☐ the supervisor has attended a MH risk assessment course

☐ all tasks are within reasonable limits, persons physically unsuited to the MH task are prohibited from such activities

☐ all persons performing MH tasks are adequately trained

☐ equipment components will be assembled on site

☐ any MH task outside the competence of staff will be done by contractors

☐ OTHER CONTROL MEASURES: please specify any other control measures you have implemented:

SUBSTANCES	Will participants work with substances	NO		Move to next hazard
		YES		Use space below to identify and assess any risks

e.g. plants, chemical, biohazard, waste

Examples of risk: ill health - poisoning, infection, illness, burns, cuts. Is the risk high / medium / low?

CONTROL MEASURES	Indicate which procedures are in place to control the identified risk
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☐ the departmental written Arrangements for dealing with hazardous substances and waste are followed

☐ all participants are given information, training and protective equipment for hazardous substances they may encounter

☐ participants who have allergies have advised the leader of this and carry sufficient medication for their needs

☐ waste is disposed of in a responsible manner

☐ suitable containers are provided for hazardous waste

☐ OTHER CONTROL MEASURES: please specify any other control measures you have implemented:

OTHER HAZARDS	Have you identified any other hazards?	NO		Move to next section
		YES		Use space below to identify and assess any risks

i.e. any other hazards must be noted and assessed here.

Hazard:

Risk: is the risk high / medium / low?

CONTROL MEASURES	Give details of control measures in place to control the identified risks
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Have you identified any risks that are not adequately controlled?	NO		Move to Declaration
	YES		Use space below to identify the risk and what action was taken

Is this project subject to the UCL requirements on the ethics of Non-NHS Human Research? YES NO

If yes, please state your Project ID Number

For more information, please refer to: <http://zzz.grad.ucl.ac.uk/ethics>

DECLARATION	The work will be reassessed whenever there is a significant change and at least annually. Those participating in the work have read the assessment.
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✓ Tick the appropriate statement:

☐ I the undersigned have assessed the activity and associated risks and declare that there is no significant residual risk

☐ I the undersigned have assessed the activity and associated risks and declare that the risk will be controlled by the method(s) listed above

NAME OF SUPERVISOR

SIGNATURE OF SUPERVISOR

DATE