|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Background Information | | | | Date:  Name of Assessor: |
| **Assessment Number:**  **Assessment Date:** | | **Assessed by:**  **Review Date:** | **Activity/Facility Assessed:** | | |
| Describe the product and application |  | | | |
| Describe the experimental system |  | | | |
| Describe the experimental process |  | | | |
| Describe the Environment |  | | | |
| Who uses the product or could affect its operation? |  | | | |
| What PPE is available and what are the markings? |  | | | |
| To what part of the life cycle of the activity does this RA apply? | Planning, Design, Manufacture, Testing, Transport, Installation, Commissioning, Normal Operation, Maintenance, Servicing, Modification, Decommissioning, Disposal | | | |

Note: Fill in Part1 and Part2 for each relevant activity or experimental hazard. Expand where needed. Remove any sections that may be irrelevant to your activity

PART 1: LASERS

| **Assessment Number:**  **Assessment Date:** | **Assessed by:**  **Review Date:** | | **Activity/Facility Assessed:** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location: Photon Science Institute,**  **Alan Turing Building** | **Room No:** | | | **Floor:** | |
| **STEP 1** | **STEP 2** | **STEP 3** | | | | | | |
| List significant hazards | List groups of people who are at risk | List existing controls | | | Are these controls OK? | What is the risk factor from these hazards? | | Actions Required  (See over) |
| **The lasers:** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Beam delivery (including MPE calculations):** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Experimental process:** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Environment & people:** | | | | | | | | |
|  |  |  | | |  |  | |  |

PART 1: CHEMICAL RISK ASSESSMENT

| Assessment Number: 1 Assessment Date: | Assessed by:  Review Date: | | | | Activity/Facility Assessed:  Location: Alan Turing …. | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **STEP 1** | **STEP 2** | | **STEP 3** | | | | | | | | | |
| List significant hazards | List groups of people who are at risk | | List existing controls | | | Are these controls OK? | | | What is the risk factor from these hazards? | | Actions Required  (See over) | |
| **Chemical/biological substances** "Describe how you will control the risk in your experiment from chemical and biological hazards.  Bear in mind:  How likely is it that my experiment will lead to exposure which may cause harm to health based on the containment system and the quantities used?  How likely is it my substance could be ignited or explode in my experiment?  How you will safely dispose of unused substances?  How will you ensure safe storage of stock bottles e.g. in fridge, evacuated cupboard." | | | | | | | | | | | |
|  | |  | |  | | |  |  | |  | |
| **Delivery into experimental system:** | | | | | | | | | | | |
|  | |  | |  | | |  |  | |  | |
| **Environment & people:** | | | | | | | | | | | |
|  | |  | |  | | |  |  | |  | |
| **Gas/liquid delivery:** | |  | |  | | |  |  | |  | |
|  | |  | |  | | |  |  | |  | |

|  |  |  | | |
| --- | --- | --- | --- | --- |
|  |  |  |

PART 1: ELECTRICAL/MECHANICAL/VACUUM

| **Assessment Number:**  **Assessment Date:** | **Assessed by:**  **Review Date:** | | **Activity/Facility Assessed:** | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location: Photon Science Institute,**  **Alan Turing Building** | **Room No:** | | | **Floor:** | |
| **STEP 1** | **STEP 2** | **STEP 3** | | | | | | |
| List significant hazards | List groups of people who are at risk | List existing controls | | | Are these controls OK? | What is the risk factor from these hazards? | | Actions Required  (See over) |
| **Vacuum, mechanical, electrical hazards:** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Implementation of high voltage, electrical nodes:** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Containment (from other experimental parts, water cooled devices etc.) and protection:** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Environment & people:** | | | | | | | | |
|  |  |  | | |  |  | |  |

PART 1: HIGH PRESSURE/CRYOGENIC

| Assessment Number:  Assessment Date: | Assessed by:  Review Date: | | Activity/Facility Assessed: | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **Location: Photon Science Institute,**  **Alan Turing Building** | **Room No:** | | | **Floor:** | |
| **STEP 1** | **STEP 2** | **STEP 3** | | | | | | |
| List significant hazards | List groups of people who are at risk | List existing controls | | | Are these controls OK? | What is the risk factor from these hazards? | | Actions Required  (See over) |
| **High pressure and/or cryogenic systems:** | | | | | | | | |
|  |  |  | | |  |  | |  |
| **Gas/liquid delivery:** |  |  | | |  |  | |  |
|  |  |  | | |  |  | |  |
| **Handling:** |  |  | | |  |  | |  |
|  |  |  | | |  |  | |  |
| **Environment & people:** |  |  | | |  |  | |  |
|  |  |  | | |  |  | |  |

**PART 2: LASERS**

| **Significant Hazards Identified** | **Actions Required** | **Date for Action** | **Completed By**  **(Name and Date)** |
| --- | --- | --- | --- |
| **The laser:** |  |  |  |
|  |  |  |  |
| **Beam delivery:** |  |  |  |
|  |  |  |  |
| **Experimental process:** |  |  |  |
|  |  |  |  |
| **Environment & people:** |  |  |  |
|  |  |  |  |

**PART 2: CHEMICAL**

| **Significant Hazards Identified** | **Actions Required** | **Date for Action** | **Completed By**  **(Name and Date)** |
| --- | --- | --- | --- |
| **Chemical/biological substances:** |  |  |  |
|  |  |  |  |
| **Delivery into experimental system:** |  |  |  |
|  |  |  |  |
| **The chemical/reaction process and containment:** |  |  |  |
|  |  |  |  |
| **Disposal of chemicals:** |  |  |  |
|  |  |  |  |
| **Environment & people:** |  |  |  |
|  |  |  |  |

**PART 2: ELECTRICAL/MECHANICAL/VACUUM**

| **Significant Hazards Identified** | **Actions Required** | **Date for Action** | **Completed By**  **(Name and Date)** |
| --- | --- | --- | --- |
| **Vacuum, mechanical, electrical hazards:** |  |  |  |
|  |  |  |  |
| **Implementation of high voltage, electrical nodes:** |  |  |  |
|  |  |  |  |
| **Containment and protection:** |  |  |  |
|  |  |  |  |
| **Environment & people:** |  |  |  |
|  |  |  |  |

**PART 2: HIGH PRESSURE/CRYOGENIC**

| **Significant Hazards Identified** | **Actions Required** | **Date for Action** | **Completed By**  **(Name and Date)** |
| --- | --- | --- | --- |
| **High pressure and/or**  **cryogenic systems:** |  |  |  |
|  |  |  |  |
| **Gas/liquid delivery:** |  |  |  |
|  |  |  |  |
| **Handling:** |  |  |  |
|  |  |  |  |
| **Environment & people:** |  |  |  |
|  |  |  |  |

**APPROVAL/CHECKS**

Approved by Principal Investigator (signature):………………………………… …(date)……………………….

Checked by (signature 1):……………………………………………………………..(date)………………………..

Checked by (signature 2):……………………………………………………………..(date)………………………..

Checked by (signature 3):……………………………………………………………..(date)………………………..

**OBSERVATIONS :**