**Name ...............................................…... Area/Group/Project ............………………......**

**(Please print) (incl. room no’s, if appropriate)**

**Supervisor ............................................. Sub Dept ...........................………………….....**

**Starting date ……………………………………………. To ………………………………………………………….**

**All sections must be completed.**

**Yes No**

### SAFETY INDUCTION TRAINING

I have attended the Department’s safety induction training talk.

I will be responsible for the supervision of staff and/or students

The course below must be taken by **ALL** supervisors\*

[Health and Safety Training for Managers and Supervisors](https://cosy.ox.ac.uk/accessplan/LMSPortal/UI/Page/Courses/book.aspx?courseid=SAFEEL0010)

### LASER SAFETY AND EYE HEALTH DECLARATION

**I am likely to be working with lasers .**

I agree to the following:

(i) I will inform both my Supervisor and the Departmental Laser Supervisor (DLS) of any history of eye disease, eye damage or eye malfunction. I will inform my Supervisor and the DLS if my situation changes in respect of the above.

(ii) I have read and will abide by the University Policy Statement, S2/09 entitled "Laser Safety" - at all times.

(iii) I will undertake all laser safety training as required by my Supervisor and the DLS.

**This includes compulsory attendance at the lecture 'Introduction to Laser Safety' given by the DLS or an equivalent lecture given by the University Laser Safety Officer.** Further training requirements will be identified by your Supervisor and recorded in your "Physics Laser User Authorisation and Training Record".

(iv) I agree to inform both my Supervisor and the Departmental Laser Supervisor (DLS) if I do require to use lasers, or work in a 'Laser Controlled Area' at a later date.

Information about Laser Safety in Physics can be found at: <http://www2.physics.ox.ac.uk/laser-safety>

This contains details of the compulsory Laser Safety lectures, general advice about working with lasers and links to all relevant documents (including S2/09 - see above).

**Cont.**

**Yes No**

### DECLARATION FOR WORKING WITH (OR NEAR) MAGNETIC FIELDS OR IN A BUILDING CONTAINING STRONG MAGNETIC FIELDS

**I have i) a heart pacemaker ii) artificial heart valves or iii) surgically**

**implanted metallic clips or pins.**

(Please contact the Physics Safety Office if the answer is yes).

## RADIATION PROTECTION DECLARATION

**My work is likely to involve the use of ionising radiation**

If yes please inform the Senior Radiation Protection Supervisor of this, on my behalf.

**BIOLOGICAL SAFETY DECLARATION**

**My work will involve the use of Genetically Modified Organisms, or**

**isolated and/or cultured tissue samples**

I will ensure that I have read and am aware of all risk assessments associated with this work including methods for the safe disposal of biological waste.

## HEALTH AND SAFETY HANDBOOK

I have read the “Department of Physics - Health and Safety Handbook”

which includes the Statement of Safety Organisation (available from your supervisor and <https://www2.physics.ox.ac.uk/staff/health-and-safety/safety-handbook> )

## RISK ASSESSMENT DECLARATION

My Supervisor has made available to me the written Risk Assessment

relating to my work in the Department of Physics.

I declare that the above information is correct at the time of completion. If there are any changes that may affect the accuracy of this information, I will advise my supervisor and the Physics safety office.

I understand that if, at any time, I am unclear on working procedures I must consult either my Supervisor, or the Department Safety Officer or the Physics Safety Office.

Signed....................................... Date.............................

**TO THE SUPERVISOR:**

**Work Hazard Checklist:** Tick ‘Yes’ or ‘No’ to the hazards, listed below, that are likely to give rise to significant Health and Safety risks to the named person whilst performing his or her work. You must ensure that written risk assessments are prepared for those hazards that you tick, prior to the named person commencing work, in accordance with University Policy Statement [S5/08](https://safety.web.ox.ac.uk/risk-assessment) (Risk Assessment).

Please define the associated risk and required level of supervision using the following categories:

**A** Work must not be undertaken unless the **Supervisor** named is present.

**B** Work must not be undertaken unless another member of staff, nominated by the **Supervisor** named, is present.

**C** Work must not be started without the advice of the **Supervisor** named or his/her nominee.

**D** Work with risks, other than A, B and C above, where it is considered essential that workers are adequately trained and competent in the procedures involved.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Hazard** | **Working with the hazard** | | **Risk Category**  **A, B, C or D (as above)** | **Date of risk assessment** |
| **Yes** | **No** |
| Lasers |  |  |  |  |
| High Magnetic Fields |  |  |  |  |
| Ionising Radiation |  |  |  |  |
| Non Ionising Radiation |  |  |  |  |
| Genetically Modified Organisms |  |  |  |  |
| Isolated or cultured animal tissue |  |  |  |  |
| Biological waste |  |  |  |  |
| Autoclaves |  |  |  |  |
| Substances covered by the Control of Substances Hazardous to Health (COSHH) regulations |  |  |  |  |
| Liquid Gases (LN2, LHe, etc.) |  |  |  |  |
| Compressed Gases and Pressure Systems |  |  |  |  |
| High voltage and/or high current electrical equipment, including: Electrophoresis |  |  |  |  |
| Engineering Workshop |  |  |  |  |
| Woodworking Workshop |  |  |  |  |
| Lifting Equipment and Manual Handling |  |  |  |  |
| Working At Height |  |  |  |  |
| Other (please state)  ………………………………………….. |  |  |  |  |

Display Screen Equipment

None of the Above

DECLARATION OF SUPERVISOR

I believe that the circumstances under which the work will be undertaken have been properly declared. I have:

a) in accordance with University Policy Statement S5/08 ensured that written risk assessments, including methods of working to minimise risks, have been prepared and made available to personnel,

b) indicated the category of risk and required level of supervision,

c) ensured that work of sufficiently high risk undertaken outside the Department’s normal working hours has adequate risk control measures in place and that adequate numbers of personnel are available to deal with any emergency that may arise (University Policy Statement S5/08),

d) wherever the work involves lasers, added the person’s name to the list of authorised users on the relevant laser record forms and ensured that he/she has signed these forms, if required, to indicate that he/she has read and understood the contained information.

I will notify the Physics Safety Office of any changes to the named individual’s hazard checklist, and/or the level of risk or supervision arrangements which may affect the individual identified in this form.

Supervisors Name………………………………………………………………….

Signed: ..................................................................................... Date: ............................

**PLEASE RETURN THE COMPLETED FORM TO:** [**safety@physics.ox.ac.uk**](file:///\\physics.ox.ac.uk\dfs\Users\Admin\Health%20&%20Safety\NEWCOMERS\Forms\Word%20Versions\safety@physics.ox.ac.uk)

**\*Please send copy of certificate to** [**safety@physics.ox.ac.uk**](file:///\\physics.ox.ac.uk\dfs\Users\Admin\Health%20&%20Safety\NEWCOMERS\Forms\Word%20Versions\safety@physics.ox.ac.uk)