|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | | | | | | | | | |
|  | **RISK ASSESSMENT FORM**  **Field / location work** | | | | | | | | | | | | | | logo -small use blk | | |
|  | ***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*](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 select **NO** and move to next hazard section.  If a hazard does exist select **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** | | | | | | | | **The environment always represents a safety hazard. Use space below to identify and assess any risks associated with this hazard** | | | | | | |  | |
|  | *e.g. location, climate, terrain, neighbourhood, in outside organizations, pollution, animals.* | | | | | | | | 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** | | | | | | |  | |
|  |  | | | | | | | |  | | | | | | |  | |
|  |  | | | work abroad incorporates Foreign Office advice | | | | | | | | | | | |  | |
|  |  | | | participants have been trained and given all necessary information | | | | | | | | | | | |  | |
|  |  | | | only accredited centres are used for rural field work | | | | | | | | | | | |  | |
|  |  | | | participants will wear appropriate clothing and footwear for the specified environment | | | | | | | | | | | |  | |
|  |  | | | trained leaders accompany the trip | | | | | | | | | | | |  | |
|  |  | | | refuge is available | | | | | | | | | | | |  | |
|  |  | | | work in outside organisations is subject to their having satisfactory H&S procedures in place | | | | | | | | | | | |  | |
|  |  | | | other control measures: please specify any other control measures you have implemented: | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | |  | |
|  |  | | | | | | | |  | | | | | | |  | |
|  | **EMERGENCIES** | | | | | | | | **Where emergencies may arise use space below to identify and assess any risks** | | | | | | |  | |
|  | *e.g. fire, accidents* | | | | | | | | Examples of risk: loss of property, loss of life | | | | | | |  | |
|  |  | | | | | | | | | | | | | | |  | |
|  | **CONTROL MEASURES** | | | | | | | | **Indicate which procedures are in place to control the identified risk** | | | | | | |  | |
|  |  | | | | | | | |  | | | | | | |  | |
|  |  | | | fire fighting equipment is carried on the trip and participants know how to use it | | | | | | | | | | | |  | |
|  |  | | | contact numbers for emergency services are known to all participants | | | | | | | | | | | |  | |
|  |  | | | participants have means of contacting emergency services | | | | | | | | | | | |  | |
|  |  | | | participants have been trained and given all necessary information | | | | | | | | | | | |  | |
|  |  | | | a plan for rescue has been formulated, all parties understand the procedure | | | | | | | | | | | |  | |
|  |  | | | the plan for rescue /emergency has a reciprocal element | | | | | | | | | | | |  | |
|  |  | | | other control measures: please specify any other control measures you have implemented: | | | | | | | | | | | |  | |
|  |  | | | | | | | | | | | | | | |  | |
|  | **FIELDWORK** | | | | | **1** | | | | | | | | April 2008 | |  | |
|  |  | | | | | | | | | | | | | | | |  | |
|  | | **equipment** | | | | | | **Is equipment** | |  | | | **If ‘No’ move to next hazard** | | | |  | |
|  | |  | | | | | | **used?** | |  | | | **If ‘Yes’ use space below to identify and assess any** | | | |  | |
|  | |  | | | | | |  | |  | | **risks** | | | | |  | |
|  | | *e.g. clothing, outboard motors.* | | | | | | 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** | | | | | | | | |  | |
|  | |  | | |  | | | | | | | | | | | |  | |
|  | |  | | | the departmental written Arrangement for equipment is followed | | | | | | | | | | | |  | |
|  | |  | | | participants have been provided with any necessary equipment appropriate for the work | | | | | | | | | | | |  | |
|  | |  | | | all equipment has been inspected, before issue, by a competent person | | | | | | | | | | | |  | |
|  | |  | | | all users have been advised of correct use | | | | | | | | | | | |  | |
|  | |  | | | special equipment is only issued to persons trained in its use by a competent person | | | | | | | | | | | |  | |
|  | |  | | | other control measures: please specify any other control measures you have implemented: | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | |  | |
|  | | **lone working** | | | | | | **Is lone working** | |  | | **If ‘No’ move to next hazard** | | | | |  | |
|  | |  | | | | | | **a possibility?** | |  | | **If ‘Yes’ use space below to identify and assess any** | | | | |  | |
|  | |  | | | | | |  | |  | | **risks** | | | | |  | |
|  | | *e.g. alone or in isolation*  *lone interviews.* | | | | | | 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** | | | | | | | | |  | |
|  | |  | | |  | | | | | | | | | | | |  | |
|  | |  | | | the departmental written Arrangement for lone/out of hours working for field work is followed | | | | | | | | | | | |  | |
|  | |  | | | lone or isolated working is not allowed | | | | | | | | | | | |  | |
|  | |  | | | location, route and expected time of return of lone workers is logged daily before work commences | | | | | | | | | | | |  | |
|  | |  | | | all workers have the means of raising an alarm in the event of an emergency, e.g. phone, flare, whistle | | | | | | | | | | | |  | |
|  | |  | | | all workers are fully familiar with emergency procedures | | | | | | | | | | | |  | |
|  | |  | | | other control measures: please specify any other control measures you have implemented: | | | | | | | | | | | |  | |
|  | |  | | | | | | | | | | | | | | |  | |
|  | | | **FIELDWORK** | | | | **2** | | | | April 2008 | | | | | |  | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | | | | |  |
|  | **ill health** | | | **The possibility of ill health always represents a safety hazard. Use space below to identify and assess any risks associated with this Hazard.** | | | | | |  |
|  | *e.g. accident, illness,*  *personal attack, special personal considerations or vulnerabilities.* | | | 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** | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | an appropriate number of trained first-aiders and first aid kits are present on the field trip | | | | | | | |  |
|  |  | all participants have had the necessary inoculations/ carry appropriate prophylactics | | | | | | | |  |
|  |  | participants have been advised of the physical demands of the trip and are deemed to be physically suited | | | | | | | |  |
|  |  | participants have been adequate advice on harmful plants, animals and substances they may encounter | | | | | | | |  |
|  |  | participants who require medication have advised the leader of this and carry sufficient medication for their needs | | | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | other control measures: please specify any other control measures you have implemented: | | | | | | | |  |
|  |  | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | **Transport** | | | **Will transport be** | **NO** | |  | | **Move to next hazard** |  |
|  |  | | | **required** | **YES** | |  | | **Use space below to identify and assess any risks** |  |
|  | *e.g. hired vehicles* | | | 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** | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | only public transport will be used | | | | | | | |  |
|  |  | the vehicle will be hired from a reputable supplier | | | | | | | |  |
|  |  | transport must be properly maintained in compliance with relevant national regulations | | | | | | | |  |
|  |  | drivers comply with UCL Policy on Drivers http://www.ucl.ac.uk/hr/docs/college\_drivers.php | | | | | | | |  |
|  |  | drivers have been trained and hold the appropriate licence | | | | | | | |  |
|  |  | there will be more than one driver to prevent driver/operator fatigue, and there will be adequate rest periods | | | | | | | |  |
|  |  | sufficient spare parts carried to meet foreseeable emergencies | | | | | | | |  |
|  |  | other control measures: please specify any other control measures you have implemented: | | | | | | | |  |
|  |  | | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | **Dealing with the** | | | **Will people be** | |  | | **If ‘No’ move to next hazard** | |  |
|  | **public** | | | **dealing with public** | |  | | **If ‘Yes’ use space below to identify and assess any** | |  |
|  |  | | |  | |  | | **risks** | |  |
|  | *e.g. interviews, observing* | | | 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** | | | | | |  |
|  |  |  | | | | | | | |  |
|  |  | all participants are trained in interviewing techniques | | | | | | | |  |
|  |  | interviews are contracted out to a third party | | | | | | | |  |
|  |  | advice and support from local groups has been sought | | | | | | | |  |
|  |  | participants do not wear clothes that might cause offence or attract unwanted attention | | | | | | | |  |
|  |  | interviews are conducted at neutral locations or where neither party could be at risk | | | | | | | |  |
|  |  | other control measures: please specify any other control measures you have implemented: | | | | | | | |  |
|  |  | | | | | | | | |  |
|  | **FIELDWORK** | | **3** | | | | | | April 2008 | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | |  | | | | | | | |  |
|  | **working on or** | | | | | **Will people work on** | |  | **If ‘No’ move to next hazard** | |  |
|  | **near water** | | | | | **or near water?** | |  | **If ‘Yes’ use space below to identify and assess any** | |  |
|  |  | | | | |  | |  | **risks** | |  |
|  | *e.g. rivers, marshland, sea.* | | | | | 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** | | | | | **Do MH activities** |  | | **If ‘No’ move to next hazard** | |  |
|  | **(mh)** | | | | | **take place?** |  | | **If ‘Yes’ use space below to identify and assess any** | |  |
|  |  | | | | |  | |  | **risks** | |  |
|  | *e.g. lifting, carrying, moving large or heavy equipment, physical unsuitability for the task.* | | | | | 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: | | | | | | |  |
|  |  | | | | | | | | | |  |
|  | **FIELDWORK** | | | | **4** | | | | | August 2006 |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | |  | | | | | | | | | | | | | |  |
|  | **SUBSTANCES** | | | | | **Will participants** | | |  | | | | **If ‘No’ move to next hazard** | | | | |  |
|  |  | | | | | **work with** | | |  | | | | **If ‘Yes’ use space below to identify and assess any** | | | | |  |
|  |  | | | | | **substances** | | |  | | | | **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** | | | | | | | | | | | |  |
|  |  | | |  | | | | | | | | | | | | | |  |
|  |  | | | 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** | | |  | | | | **If ‘No’ move to next section** | | | | |  |
|  |  | | | | | **any other hazards?** | | |  | | | | **If ‘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 | |  | | | | |  | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | **CONTROL MEASURES** | | | | | **Give details of control measures in place to control the identified risks** | | | | | | | | | | | |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  |  | | |  | | | | | | | | | | | | | |  |
|  | **Have you identified any risks that are not** | | | | | | | | **NO** |  | | | | **Move to Declaration** | | | |  |
|  | **adequately controlled?** | | | | | | | | **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?** | | | | | | | | | | | | | | |  |  |  |
|  |  | | | | | | | | | | | | | | | | |  |
|  | **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. | | | | | | | | | | |  |
|  |  | | Select 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 | | | | | | | | | | | | | | | | |  |
|  | | **FIELDWORK** | | | **5** | | | | | | | August 2006 | | | | | |  |