**CMMP PERMIT TO WORK**

Before undertaking work in the Laboratories, you must hold a CMMP Work Permit, and you must familiarise yourself with the Departmental Safety Guidelines, Local Rules, and Standard Operating Procedures. In particular, you must abide by the Detailed Arrangements specified in the Departmental Health & Safety Handbook: 6.3 After Hours and Alone Working; 6.7 Chemical Safety; 6.9 Compressed Gases and Gas Cylinders; 6.11 Cryogenic Substances.

Please check below when mandatory Moodle courses are completed:

**Mandatory Course:** [**UCL Safety Induction**](https://moodle-1819.ucl.ac.uk/enrol/index.php?id=13507)

**Mandatory Course:** [**Basic Fire Safety**](https://moodle-1819.ucl.ac.uk/enrol/index.php?id=13481)

**Mandatory Course:** [**Principles of Laboratory Safety**](https://moodle-1819.ucl.ac.uk/enrol/index.php?id=13497)

**Mandatory Course:** [**Principles of Risk Assessment**](https://moodle-1819.ucl.ac.uk/enrol/index.php?id=13499)

**Mandatory Course:** [**Safe Use and Management of X-rays**](https://moodle-1819.ucl.ac.uk/enrol/index.php?id=13503)

Before commencing any new experimental work within the laboratory the special risks that apply to that particular work must be assessed and recorded in a Risk Assessment. The experimental method must be documented in your risk assessment *along with all the associated risks* from the chemicals required (COSHH) and any proposed reaction to be performed, along with measures to dispose of any waste generated. Risk Assessments should be uploaded and approved from your *riskNET* account:

* <http://www.ucl.ac.uk/estates/safetynet/>
* CMMP Safety pages: <http://www.ucl.ac.uk/~ucapnsz/safety.html>
* [Departmental Health and Safety Handbook](https://www.ucl.ac.uk/physics-astronomy/sites/physics-astronomy/files/pa_health_and_safety_handbook_18_v12_0.pdf)

**Completion notes**: from drop down menu, type-to, sign by hand or digital

**DESCRIPTION OF WORK AND ROOMS OCCUPIED:**

Describe the nature of the work and in which CMMP-controlled areas it will be done. Describe any specific risks associated with the project and list any Procedural Risk Assessments.

**DESCRIPTION:**

**OFFICE:**

**LABORATORY**:

**SUPERVISOR’S QUESTIONNAIRE**

**For Office Work:**

|  |  |
| --- | --- |
| Are the tasks associated with the research worker’s job covered by the Risk Assessment for the Office being used? | Choose an item. |
| If NO, then implement correct Control Measures or carry out a new Risk Assessment for that Office. |  |
| Note: Related individually is having the correct furniture for prolonged work on a computer. It is advised that staff attend the Safety Services course “Assessment of Display Screen Equipment”. |  |

**For Laboratory or Workshop Work:**

|  |  |
| --- | --- |
| Is the person competent to do the job? | Choose an item. |
| If NO, then training must be undertaken. |  |
| Are the tasks associated with the research worker’s job covered by the Risk Assessment for the Laboratory or Laboratories being used? | Choose an item. |
| If NO, then carry out a new Risk Assessment for that Laboratory. |  |

**CERTIFICATION OF ASSESSMENT FOR LABORATORY WORK**

**NATURE OF WORK:**

**Individual Risk Assessments:** I, the worker, am familiar with and understand the risk assessments for the following activities regarding my work (please tick). I declare that I will prepare/review my risk assessments every time a new or un-assessed activity is planned. I understand that every risk and COSHH assessment has to be reviewed at least once every year.

|  |  |
| --- | --- |
| Tube Furnace Annealing | 750W Ultrasonic probe |
| Cryogenic systems and compressed gases | Chemical preparation of samples |
| Lifting heavy equipment on overhead hoist | X-ray diffraction |
| Toxic gases including ammonia | Highly flammable gases including hydrogen |
| Alkali and reactive metals | Toxic and flammable solvents |
| Oxy-propane microblowtorch | Use of Lasers (up to Class 3a)\* |
| Oxygen plasma treating (Ashing) | High concentration HCl |
| Electroabsorption rig | Measurement of IVL characteristics of LEDs |
| Measurement of photovoltaics IV spectra | Thermal evaporation and annealing substrates |
| Use of gloveboxes | Use of spin coater |
| Scanning near field optical microscopy | Optical absorption measurements |
| Preparation of polymer & organic solutons | Use of nitrogen lines (asphyxiation risk) |
| Photoluminescence rig | Use of vacuum ovens |
| Handling of toxic chemicals | Use of Lasers (Class 3b and Class 4)\* |
| Use of off-axis sputtering equipment |  |

**\***Note that these activities are covered by separate Lasers and Laser Work project risk assessment forms, which must record the names of all workers to which they apply.

**Local Rules and Laboratory Risk Assessments:**

I, the worker, declare that I have located, read and understood the local rules and laboratory risk assessments for the following laboratory areas in which I will be carrying out research work. I declare that I will endeavour to comply with such rules and have read and understood all the general safety rules and advice in force within CMMP, the Department of Physics and Astronomy, and UCL.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| F6 | F7/8 | F10C | F16 | F17 | F19 | F33 | F34 |

Apart from normal laboratory hazards that are covered in the Departmental Code of Practice, the work involves the following special hazards which have been risk assessed:

|  |  |
| --- | --- |
| **Physical hazards** from radiation, high voltage, high-pressure, ultrasonics, lasers. | Choose an item. |
| **Special hazards** of fire or explosion. | Choose an item. |
| **CHEMICAL Hazards** arising from the use of known very toxic or carcinogenic compounds? | Choose an item. |

**SUPERVISOR’S CERTIFICATION OF ASSESSMENT**

I have assessed the following persons work with respect to Health and Safety Regulations as set out in the Departmental Safety Handbook and associated UCL Safety Services publications. I certify that the work will be carried out according to the Departmental Code of Practice so that exposure to hazardous operations and substances are kept to an absolute minimum, and other risks will be minimised.

I undertake to review this assessment annually or if the nature of the work and/or the working conditions should change, and if any unforeseen hazards should be encountered.

**Signed and dated:**

**Supervisor:**

**(Supervisor)** Choose an item.

**RESEARCH WORKER’S CERTIFICATION OF ASSESSMENT**

*It is expected that the research worker will meet with his or her CMMP supervisor to discuss their personal risk assessment, prior to signing this form. Any questions or concerns that remain after such a meeting should be directed to the CMMP & LCN Safety Supervisor.*

I certify that I have assessed the risks associated with my work in CMMP-controlled areas, and that my work will be carried out according to the Departmental Codes of Practice so that exposure to hazardous operations and substances are kept to an absolute minimum, and other risks will be minimised.

I will complete the Mandatory Courses listed on Page 1, and I undertake to be vigilant with regard to my personal health and safety and to the health and safety of others. This will include, if appropriate, reporting any unsafe practices that I become aware of to the CMMP Safety Supervisor.

**Signed and dated:**

**Research WORKER:**

**(Research worker):**

**STATUS:** Choose an item.

**Please note:** One copy of this form should be retained by the supervisor, and one by the research worker. Please update as training is completed or activities change.