

1. BI Working Alone – After-Hours – Risk Assessment Form

1.1. User Information

BI User:		Contact Number:	
User Supervisor:		Contact Number:	
User Emergency Contact:		Contact Number:	

1.2. Risk Assessment:

As per RMM #304 "Working Alone", a risk assessment must be performed to capture working alone tasks, hazards and controls in place to avoid a worst case scenario.

Please check all 'Tasks' that apply. Enter more tasks and equipment as needed.

	Task	Hazard(s)	Controls	Worst Case Scenario
<input type="checkbox"/>	Handling chemicals	Spill or inhalation	WHMIS & PPE training; spill kit	Serious injury, fire or explosion
<input type="checkbox"/>	Use of fume hoods	Exposure to chemicals	WHMIS & fume hood training	Poisoning or illness
<input type="checkbox"/>	Handling sharps and/or glassware	Cut or injury	WHMIS training	Serious injury
<input type="checkbox"/>	Use of robotic equipment	Impact or pinch injury	Equipment training, use of guards	Serious injury
<input type="checkbox"/>	Use of heating or sterilization equipment	Burn or fire	Equipment & fire safety training	Severe burn or fire
<input type="checkbox"/>	Handling biohazards	Exposure to biohazards	Biosafety & PPE training	Contamination or illness
<input type="checkbox"/>	Use of biological safety cabinet	Exposure to biohazards	Biosafety, PPE & BSC training	Contamination or illness
<input type="checkbox"/>				
<input type="checkbox"/>				

1.3. Safety Concerns

Indicate any safety concerns. Discuss them with your supervisor and BI staff.

1.4. Declaration

While working alone in the BI after hours, the user agrees to the following conditions.

<input type="checkbox"/>	I will follow the BI Safety Manual and associated policies while working in the BI.
<input type="checkbox"/>	I have read the " <u>BI Working Alone Policy – After-hours</u> ", and will only access BI laboratories weekdays and weekends, excluding holidays, 7am to 11pm.
<input type="checkbox"/>	Working alone outside of my allowable hours without permission will result in suspension of BI access and privileges.
<input type="checkbox"/>	I will not work alone if there is an illness, physical disability or mental condition that may affect my health and safety while working alone.
<input type="checkbox"/>	I am aware that working alone after hours may be unapproved or revoked should the health and safety of me, or others, be at risk.
<input type="checkbox"/>	I will ensure my McMaster safety training will remain up-to-date.
<input type="checkbox"/>	I will carry identification at all times.
<input type="checkbox"/>	I will not prop doors open or let others into the facility.
<input type="checkbox"/>	I will not bring visitors into the BI after-hours.
<input type="checkbox"/>	I should incorporate the Buddy System, either with a co-worker, family member, friend or McMaster Security Services, whereby this contact is knowledgeable of the location of work, tasks, applicable medical conditions, and means of transportation. I should check in with this person frequently and when leaving.
<input type="checkbox"/>	I will not work with highly flammable and/or explosive chemicals.
<input type="checkbox"/>	I will only use equipment for which I am authorized to use.
<input type="checkbox"/>	I have read the " <u>BI Emergency Procedures Policy</u> ". I am aware of my evacuation route, and the location of the nearest emergency equipment, including panic button, eyewash & shower station, fire extinguisher, and fire pull alarm.
<input type="checkbox"/>	I will carry a cell phone. I should program McMaster Security phone numbers into my phone: (905) 525-9140 x24281 or 905-522-4135.
Signature of user:	
Date:	

1.5. Approval

<input type="checkbox"/>	I have reviewed this form with my worker. I approve working alone after hours in BI laboratories. I have evaluated specific work assignments and relevant SOPs, as per McMaster's <u>RMM #304 "Working Alone"</u> .
Signature of user's supervisor:	
Date:	

Signature of BI Technician:	Date:
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