# BI Working Alone – After-Hours – Risk Assessment Form

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| User Information: | Access Card Number:\_\_\_\_\_\_\_\_ |
| BI User: |  | Phone Number: |  |
| Emergency Contact: |  | Phone Number: |  |

## 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.***

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|  | **Task** | **Hazard(s)** | **Controls** | **Worst Case Scenario** |
| **** | Handling chemicals | Spill orinhalation | WHMIS & PPEtraining; spill kit | Serious injury, fireor explosion |
| **** | Use of fume hoods  | Exposure tochemicals | WHMIS & fumehood training | Poisoning or illness |
| **** | Handling sharpsand/or glassware | Cut or injury | WHMIS training | Serious injury |
| **** | Use of roboticequipment | Impact orpinch injury | Equipment training,use of guards | Serious injury |
| **** | Use of heating orsterilization equipment | Burn or fire | Equipment & firesafety training | Severe burn or fire |
| **** | Handling biohazards | Exposure tobiohazards | Biosafety &PPE training | Contamination orillness |
| **** | Use of biological safety cabinet  | Exposure tobiohazards | Biosafety, PPE& BSC training | Contamination orillness |
| **** |  |  |  |  |
| **** |  |  |  |  |
| **** |  |  |  |  |

## Safety Concerns

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

## Declaration

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

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| **** | I will follow the BI Safety Manual and associated policies while working in the BI. |
| **** | I have read the “BI Working Alone Policy – After-hours”, and will only access BI laboratories weekdays and weekends, excluding holidays, 7am to 11pm. Working alone outside of these hours will result in suspension of BI access and privileges. |
| **** | 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. |
| **** | 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. |
| **** | I will ensure my McMaster safety training will remain up-to-date. |
| **** | I will carry identification at all times. |
| **** | I will not prop doors open or let others into the facility. |
| **** | I will not bring visitors into the BI after-hours. |
| **** | 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. |
| **** | I will not work with highly flammable and/or explosive chemicals. |
| **** | I will only use equipment for which I am authorized to use. |
| **** | I have read the “BI Emergency Procedures Policy”. 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. |
| **** | I will carry a cell phone. I should program McMaster Security phone numbers into my phone: (905) 525-9140 x24281 or 905-522-4135. |
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| **Signature of user:**  | Date: |

## Approval

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| --- | --- |
| **** | I have reviewed this form with my worker. I approve working alone After Hours in BI laboratories. We have evaluated specific work assignments and relevant SOPs, as per McMaster’s RMM #304 “Working Alone”. |
| **User Supervisor Name:**  | Phone: |
| **Signature of user’s supervisor:**  | Date: |
|  |  |
| **Signature of BI Technician:**  | Date: |