# 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 McMaster’s RMM #304 “Working Alone” and the BI Working Alone Policy, a risk assessment must be performed to assess tasks and possible hazards, and which controls are in place to avoid a “worst-case” scenario.

***Please check all ‘Tasks’ that apply. Enter or attach more information as needed.***

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| --- | --- | --- | --- | --- |
|  | **Task** | **Hazard(s)** | **Controls** | **Worst Case Scenario** |
| **** | Handling  chemicals | Spill or inhalation | WHMIS & PPE\* training; spill kit | Serious injury, fire or explosion |
| **** | Use of fumehoods | Exposure to chemicals | WHMIS, PPE & equipment training; PPE | Poisoning or  illness |
| **** | Handling sharps and/or glassware | Cut or injury | WHMIS & PPE\* training; PPE | Serious injury |
| **** | Use of robotic equipment | Impact or pinch injury | Equipment training; use of guards | Serious injury |
| **** | Use of heating equipment | Burn or fire | Equipment & fire safety training; PPE | Severe burn or fire |
| **** | Handling  biohazards | Exposure to biohazards | Biosafety & PPE\* training; PPE | Contamination or  illness |
| **** | Use of biological  safety cabinet | Exposure to biohazards | Biosafety, PPE & equipment training; PPE | Contamination or  illness |
| **** | Use of Centrifuges | Exposure to aerosols | Biosafety & PPE\* training; PPE | Contamination or  illness |
| **** | Use of Autoclave | Steam and high pressure | Autoclave & equipment training; PPE | Severe burn or injury |
| **** |  |  |  |  |
| **** |  |  |  |  |

## 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. | |
|  |  | |
| **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: |