 Out-of-Hours Form

Page 1 - Risk Assessment Form for Out-of-Hours Work

This form is to be completed by a competent assessor for any procedure/system of work to be carried out ‘out-of-hours’ by any staff member, postgraduate or postdoctoral worker.

**On completion, copy to the Head of Unit.**

Where the activity has already been risk assessed as part of the Unit Safety Statement or a Project Risk Assessment, only additional details relating to out-of-hours work aspects need to be completed\*.

|  |  |
| --- | --- |
| Date of Assessment\* |  |
| Where known, give **Dates and Times\***when work to be carried out. If not yet confirmed give proposed dates and times.  |  |
| Name of Assessor\* |  |
| Known or expected hazards associated with the activity:(including particular hazards due to out-of-hours or lone working)\*: |  |
| Maximum possible risk currently (without controls in place)\*: | Severity (1-3) X Likelihood (1-3) = Risk (1-9) |
| Measures to be taken to reduce the level of risk (i.e. specify controls that will be put in place)\*: |  |
| Maximum possible risk with controls in place\*: | Severity (1-3) X Likelihood (1-3) = Risk (1-9) |
| Training / Competence Prerequisite?\*:  |  |
| Verify that the “intended” location is safe/appropriate for the work proposed.\*  |  |
| Risk Category Assigned\* |  |
| ‘Buddy’ Arrangements\* |  |
| Emergency Action to be taken ‘out-of-hours’\* |  |
| References, if any |  |

Page 2 – Approval Form for Out-of-hours Working

This Form to be completed by the Head of Unit for each Staff Members; or Academic Supervisor for **each** P/G Student requiring ‘Out-of-hours’ access.

**Please confirm names of authorised persons and dates and times to Security at least 3 working days before work is due to commence. (use Page 3 or email Excel list).**

|  |  |
| --- | --- |
| Approved Name\* |  |
| Date |  |
| Unit |  |
| Staff Member/Postgrad |  |
| In accordance with the Safety, Health and Welfare at Work Act 2005 staff are required to co-operate with their employer so far as is necessary to enable their employer to comply with the Act. Similarly, P/G students must comply with University’s Code of Conduct. Accordingly, staff/ P/G students should make their Head of Unit aware of any special need that would require to be accommodated for safety/emergency purposes. Any such information will be treated in strict confidence. No relevant special need Yes relevant special need(s) as follows:  |
| Locations where work will be conducted (room no’s)Limited to ONE building only |  | University of Galway Contact Extn: Mobile #:  |
| (a) List of Authorised Activities | Risk category |
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|  |  |
| \* For category B/C work - give basis for competence to do this work:  |
| Signature of Supervisor  |  | Date |
| Date Of Induction Training |  |  |
| Signature of Staff Member/ P/G student  |  | Date |
| Signature of Head of Unit |  |  |

Page 3 – Notification to Security of Out-of-hours Working

**Please complete and forward to Security at least 3 working days before the out of hours work is due to commence.**

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| Unit:  | Building: |
| **Names of Approved Staff/Post Graduate students who are permitted to carryout Out of Hours work** | **Staff or/Post Graduate's names** | **Times Access Required****From: Until:** |
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