








HEALTH AND SAFETY HANDBOOK 2024-2025

Departmental Arrangements
for Safety and Security

Emergency Instructions for EEE

Never put yourself or others in danger. If in doubt - contact Security.

Fire Evacuation

	<p>If you discover a fire (or other emergency situation) raise the alarm by operating the nearest break-glass call point and dial 222 from an internal phone or 020 7679 2222 from a mobile. Provide details of your location and the exact location of the fire.</p>
	<p>Do not attempt to fight the fire unless you have been trained and are confident to do so. Otherwise, you must evacuate the building immediately and report your actions to the Fire Evacuation Marshal at the assembly point.</p> <p style="text-align: center;">IF IN DOUBT - GET OUT OF THE BUILDING!</p>
	<p>If you are in the building when the fire alarm is activated you must leave immediately by the nearest exit and go directly to the assembly point. Ensure all visitors are escorted out of the building by their hosts.</p> <p>Further information on fire safety is available on the Fire Safety website. Fire Safety training is mandatory for all members of staff.</p>
	<p>If you have mobility impairment or sensory disability, then please ask your line manager / supervisor / tutor to help you produce a PEEP (Personal Emergency Evacuation Plan).</p> <p>The plan will identify how you will be evacuated in the event of an emergency for which a number of different measures may be implemented including the assignment of a buddy. Key members of staff where you regularly work should be provided with a copy of your PEEP by your line manager or supervisor, together with Security.</p>
	<p>Fire Escape Routes – must be kept clear of combustible material and stored items to ensure that they remain fully accessible and free from sources of ignition. All fire doors must be maintained self-closing at all times and not wedged open for any reason unless by an approved device.</p>
	<p>All lifts will go to ground on activation of the fire alarm. Do not attempt to use a lift during an evacuation unless it is a designated evacuation lift and you require assistance to evacuate. Do not stop to collect personal belongings.</p>
	<p>Good housekeeping - can lower the chances of a fire starting.</p> <ul style="list-style-type: none"> • Empty bins regularly • Avoid the accumulation of combustible material. • Turn equipment off at the wall at the end of the working day. • Keep cables tidy.

CONTENTS

[Statement from Head of Department](#)
[Part 1 - Policy and Organisation](#)
[Statement of safety policy](#)
[Policy and procedure review](#)
[Organisation and arrangements](#)
[Cooperation in shared work areas](#)

[Part 2 - Working Safely](#)

[**General safety**](#)

[Security in the department](#)
[Safety Regulations](#)
[Fire Safety](#)
[Accident and incident reporting](#)
[Out of Hours working](#)
[Lone working](#)
[Safety Training](#)
[Working in EEE laboratories /workshop](#)
[Health and Safety Inspections](#)
[Cold storage](#)
[First Aid](#)

[**Risk assessments**](#)

[General guidance](#)
[When a risk assessment is required?](#)
[Creating a new risk assessment.](#)
[RiskNet system](#)
[General Risk Assessment in the department](#)
[Personal Health](#)
[General Health surveillance](#)

[**Hazards and their control**](#)

[Electric Hazards](#)
[Lasers](#)
[Display Screen Equipment](#)
[Chemical Agents](#)
[Dust and fine powders](#)
[Asbestos](#)
[Manual handling](#)
[Work at heights](#)
[Stress \(Mental ill health\)](#)
[Purchase, Delivery or Production of Hazardous Equipment and Chemicals](#)

PART 1

POLICY AND ORGANISATION

1.1 STATEMENT OF SAFETY POLICY

1. The policy of the Department is to promote, through active management of its hazards and activities, the safety, health and welfare of all its staff, students, visitors, contractors and members of the public on the Department's premises and to protect them elsewhere from any adverse effect on their health and safety arising from the activities of the Department.
2. The Department seeks continual improvement of its occupational health and safety systems through processes of measurement and review in order to achieve or maintain best practice standards.

Commitment and leadership by the Head of Department and senior Departmental management

3. The Department recognises the importance of establishing clear lines of management accountability for controlling the risks of its work activities and these are set out in the Organising for Safety section.
4. The Department recognises that commitment and involvement by senior managers plays a significant part in promoting health and safety in the Department.
5. The Department will allocate sufficient resources in terms of people, money and facilities to plan, implement, monitor and review its safety systems.
6. The Department will ensure that staff and students are kept informed of electronic mail which may affect their health and safety including the dissemination of this Policy statement.
7. Senior Departmental management will take the lead in consulting with staff, safety representatives and students on matters of health and safety and will seek their involvement in the development and improvement of safety in the Department.
8. The Department will ensure that health and safety considerations are integrated into the planning of Departmental work activities.
9. The Department will consider its overall health and safety policy in parallel with other corporate policy that is designed to promote the well-being of staff and students such as policies on equal opportunity, harassment and bullying, disability, age and racial discrimination.

The duty to establish, maintain and develop systems for the management of health and safety.

10. The Department is committed to planning and setting objectives for the management of safety commensurate with the nature and level of the risk created by its work activities and fully implementing those measures deemed necessary by the Department as indicated in the Index of Arrangements for Safe Working section.
11. All new policies and changes to existing policies are subject to consultation with the Departmental Safety Committee. Final approval is an action by the Departmental Safety Committee chair. All approved and signed off policies are uploaded to the Departmental Safety webpage and communicated to staff through emails and termly newsletters.

12. The Department undertakes to monitor the operation of its systems and procedures for safety management and review them in the light of experience and in accordance with UCL corporate direction.
13. The Department is committed to ensuring that risk assessments are carried out as required by the Management of Health and Safety at Work Regulations 1999 and other regulations applicable to its work activities. These assessments will be made by the staff responsible for supervision of the work, set out in writing and signed by the person with responsibility for supervision of the relevant work.
14. **No work is permitted to start unless** it is covered by a suitable and sufficient assessment of the risks involved in the work, without which the Department cannot be considered to have taken reasonably practicable steps to manage the risks of its work activities to staff, students, visitors and others who might be affected by its work (1)
15. The Department is committed to ensuring that all work activities are carried out by persons competent to perform those activities (2). To this end, the Department will ensure that all members of the Department receive such training and instruction as required for them to discharge their tasks and duties in a competent manner.
16. The Department arranges for work activities to be supervised by competent people.
17. The Department recognises that a person can only be fully competent to discharge a duty if they accept that duty, understand the nature of that duty and are allocated sufficient time to discharge that duty.
18. To give effect to this Policy, the organisation and procedures as described or cross-referenced to in this document have been approved and authorised by the Head of Department who is responsible to the Provost and President and Council for setting and maintaining the standards of safety in the Department.
19. The Department recognises its responsibilities with respect to fire safety and is committed to ensuring its systems and procedures comply with UCL policies.

The duties of staff, students and visitors

20. It is a legal duty (3) for ALL staff, students and visitors to co-operate with the policy for safety set out in this document and all other Departmental systems and procedures designed to promote and ensure their health and safety.
21. Members of the Department shall not interfere with or misuse anything provided to ensure their safety.

POLICY AND PROCEDURE REVIEW

The Departmental Health and Safety Policy and Departmental Safety Objectives are reviewed annually at the beginning of each academic year.

All other health and safety policies and procedures are reviewed every three years. These documents shall be reviewed sooner under the following conditions,

- Changes to UK legislation and/or regulations
- Changes to UCL health and safety policies and guidelines
- Incidents or policy violations

Policy owners are responsible for the reviews and updates.

Consultation and approval process

All new policies, and changes to existing policies, are subject to review by the Departmental Safety Committee. Final approval is an action by the Departmental Safety Committee chair.

All approved and signed off policies and procedures shall be uploaded to the Departmental safety webpages and communicated to staff through emails, departmental meetings and termly newsletters.

ORGANISATION AND ARRANGEMENTS

Managers/Supervisors within the Department have responsibility for ensuring the management of health and safety.

Safety Officers have responsibility for monitoring the implementation of the Health and Safety policy and reporting their findings to the Head of Department.

The following persons have Health and Safety responsibilities in the Department.

Position	Name	Deputy
Head of Department (HoD)	Professor John Mitchell	Professor Sally Day (Teaching) Professor Andreas Demosthenous (Research)
Departmental Safety Officer (DSO)	Ms. Roshni Harkishin	N/A
Departmental Manager (DM)	Mr. Andy O'Reilly	N/A
Technical Services Manager (TSM)	Mr. Simon Barnes	Dr Steve Hudziak
Senior Fire Evacuation Marshal (Roberts Building) (SFEM)	Ms. Roshni Harkishin	Mr. Andrew Moss
Laser Safety Officer (LSO)	Professor Cyril Renaud	N/A
Chemical Safety Officer (CSO)	Ms. Roshni Harkishin	N/A
Radiation Protection Supervisor (RPS)	Mr. Simon Barnes	Dr. Firoz Alam (TBC by appointment from HoD)
Legionella Awareness Officer (LAO)	Dr. Steve Hudziak	N/A
Wellbeing Champion (WC)	Ms. Roshni Harkishin (training)	Thomas Gilbert

- **Faculty of Engineering Safety Advisor:** Ms. Emma Price
- **UCL Area Safety Adviser (ASA):** Mr Bodrul Azad

Union appointed health and safety representatives.

Safety Representatives from the UCU, nominated by that Trade Union

- Theo Bryer
- Colin Byelong
- Alun Coker

Safety Representatives from Unison, nominated by that Trade Union

- Jacqueline Sheehan
- Munyaradzi (Munya) Marisa

Two Safety Representatives from Unite, nominated by that Trade Union

- David Ladd
- Damian Johnson

Up to date representatives can be found in the link below.

<https://www.ucl.ac.uk/governance-compliance/committees/work-health-and-safety-committee/workhealth-and-safety-committee-membership>

FURTHER ADVICE AND INFORMATION

EEE intranet safety pages: <https://intranet.ee.ucl.ac.uk/safety>

UCL Safety website: <https://www.ucl.ac.uk/safety-services/>

UCL Security website: <https://www.ucl.ac.uk/estates/our-services/security-ucl>

HSE website: <http://www.hse.gov.uk/>

COOPERATION IN SHARED WORK AREAS

Introduction

In situations where either a) EEE staff or students are working in another UCL department or at another institution, or b) non-EEE UCL staff or students, visitors, or contractors are working in EEE, lines of responsibility for safety should be made clear. There should be no confusion as to whose safety arrangements are to be followed.

Anyone working in EEE space should abide by the EEE rules and arrangements for safety, both those set out in this Handbook and any other special operating procedures for particular work.

Line managers, PIs, and laboratory safety coordinators are all responsible for ensuring workers under their supervision and/or management are competent to perform the procedures required for their work.

Cooperation at the building level

The Roberts Building and the Malet Place Engineering Building are shared with several other departments. A coordinated approach to building fire evacuation among the departments is under development, to include regular meetings of the Department Senior Fire Evacuation Marshals coordinated by the Faculty Health and Safety advisor.

EEE staff or students working in other departments/organisations.

If a member of the EEE department is working elsewhere at UCL, or in another organisation, they should work according to the safety rules and guidelines of the host department or organisation. If these are not made clear, please in the first instance contact the Departmental Safety Officer (or equivalent) of the host department. If concerns remain, workers should contact their line manager and the EEE Safety Officer for advice.

Service Engineers visiting EEE

This category includes service engineers and other contractors whose presence in the department is at the direct invitation of a member of staff (not Estates or ISD). These individuals may spend time working alone in low-risk areas, but must be given safety instruction on fire evacuation procedures, how to contact a first aider, and how to raise the alarm in the event of a fire. Service engineers or contractors working in high-risk areas should always be accompanied by a competent member of staff. Engineers and contractors working under their own risk assessment and procedures should provide copies of these documents to the responsible staff member, who is responsible for ensuring the work area is compliant with these requirements.

Staff and students from other departments working in EEE

Staff and students from other departments must work under the safety rules and guidelines of the EEE department. It is the responsibility of the member of staff who has invited them (the 'host') to ensure that the worker has been informed of the relevant safety arrangements, but they can delegate this task to another competent person.

Visitors and Guests to EEE

Visitors include any person from an external organisation, or any independent individual, who has been granted official UCL visiting status by the Department. Official visitors are treated as full time staff for the purposes of safety. They are therefore permitted to undertake any task normally expected of a UCL staff member, provided they have received all the necessary training. All official visitors, who are visiting for more than 3 days, are also required to complete all the usual departmental and UCL inductions and mandatory training. It is the responsibility of the EEE staff member sponsoring the appointment to ensure that the visitor complies with EEE and UCL safety policy.

Guests include any person from an external organisation, or any independent individual, who is hosted in the department for a period without a formal visitor appointment. Guests should be supervised at all times. They are not permitted to work in department laboratories but may observe and advise activity in laboratories while under supervision.

Outreach Activities

Visitors in the department for outreach activities, such as summer schools or shadowing, must abide by the rules and guidelines of the EEE department. An itinerary and risk assessment must be in place before any such activities take place in the department. The organiser in the department must ensure both the itinerary and risk assessment are complete and distributed to all involved in the visit.

Notification

It is the responsibility of all EEE staff to provide timely information when requested regarding:

1) Any work carried out by themselves or their students, in other departments or organisations. The DSO should be notified of any such work during the planning stages.

2) The presence of visitors and guests who will be working in the department. Visitor appointments should be requested via the Department Manager, before any guaranteed offer has been made and in advance of any travel arrangements.

Colleagues should be considerate when inviting guests into labs and ensure that lab safety coordinators/lab managers (and other lab users) are notified in advance and have opportunity to raise reasonable objection.

3) The technical professional services team should be notified of the planned presence in EEE of any service engineers or contractors.

PART 2

WORKING SAFELY

GENERAL SAFETY

The Department of Electronic and Electrical Engineering is usually a safe place to work. It is not a place free from hazards, but there are adequate control measures in place to minimise the risks associated with the hazards present. It is the responsibility of everyone in the department to follow the correct procedures and safe working practices to keep themselves and others safe.

This section of the Handbook is designed to help EEE staff/students to work safely. Safe working practices should be reviewed when circumstances change or annually as a maximum. The perception of acceptable risk changes and new knowledge affects working practices.

You are expected to follow health and safety rules set in this handbook and other local safety rules. Failure to follow these rules will be considered as a serious breach of conduct.

SECURITY IN THE DEPARTMENT

- If you are suspicious as to why someone is in the building, ask if you can help with directions. If you have serious concerns, please contact Security, and do not approach.

- Do not let people you do not know through card access doors without checking their ID card.
- New keys can be obtained from IT Support Team (Room 604, 6th floor of the Roberts Building)
- Keys are not to be shared between individuals, even if in the same group or team. Keys are issued to individuals only and therefore keyholders should not lend out keys or allow access with their keys.
- Keys to the labs can be only obtained after completion of local fire, health, and safety induction.

Note: access to higher risk areas may need additional activities to be carried out before a key/door code can be issued. This may include, but is not limited to, a risk assessment, local lab inductions, equipment training, supervisor sign-off etc once these have been completed and evidence provided to the key issuer then keys may be issued.

- People leaving the department must return their keys on the last day.
- Lost keys should be reported to the defects@ee.ac.uk and support@ee.ac.uk
- Departmental keycode access policy and receipt of key can be found [here](#)
- At the weekends and outside normal working hours there is limited cover by UCL security personnel, and the front desk may not be manned at all times.
- Do not leave unsecured valuables (laptops, iPad) openly on display when not present.

SAFETY REGULATIONS

Health and Safety legislations/regulations that may apply to Department of Electronic and Electrical Engineering

- [Health and Safety at work Act 1974](#)
- [The Management of Health and Safety at Work Regulations 1999](#)
- [Control of substances hazardous to health \(COSHH\)](#)
- [Dangerous Substances and Explosive Atmospheres Regulations \(DSEAR\)](#)
- [Provision and Use of Work Equipment Regulations 1998 \(PUWER\)](#)
- [Lifting Operations and Lifting Equipment Regulations 1998 \(LOLER\)](#)
- [The Control of Artificial Optical Radiation at Work Regulations 2010 \(AOR\)](#)
- [Diseases and Dangerous Occurrences Regulations \(RIDDOR\) 2013](#)

FIRE SAFETY

General guidance

- Keep corridors and fire exits clear. Good housekeeping is an important first rule. All walkways should be kept clear of obstructions.
- It is vitally important that fire doors are never blocked or wedged open. Fire doors not only hold back heat and flames for a period but also prevent the spread of dangerous smoke.
- During fire evacuation, if people are working as you are leaving, we all have a duty of care to make sure they have heard the alarm and are aware of the situation. If they do not move,

make a note of the room, leave, and report to a fire marshal. You also have a duty to care to yourself.

Fire evacuation procedure

If you discover a fire:

1. Activate the fire alarm
2. Dial 222 or 0207 679 2222 from a mobile (this number is printed on the back of your ID card)
3. Evacuate the area and close any doors and windows (if there is time to do so) on your way out
4. Go to the fire assembly point. For **Roberts Building & MPEB** the assembly point is the Anatomy Yard- South Junction (appendix I) Walk through the arch in the Medical Sciences Building to the quadrangle near the South Junction near where the print room café tables are situated)
5. Do not re-enter the building unless told to do so by a FEM.

If you feel confident and trained to do so and the fire is small, use appropriate fire extinguisher. If it is an electrical fire, switch off power to prevent re-initiation. Fire hoses in Robert's building are for the fire department use only.

If the fire alarm sounds:

1. You must evacuate immediately. Leave the premises by the nearest escape exit or staircase which is free from smoke. **DO NOT USE THE LIFTS.**
2. Follow the instructions of the fire evacuation marshals.
3. Do not stand outside the buildings. Go to the assembly point, which is located outside the Print Room café, in the South Junction. If you stay outside the building it can obstruct the fire brigade access
4. Do not re-enter the building unless told to do so by a FEM.

Fire Marshals have been appointed on each floor. Their main duties are:

- To ensure as far as possible, taking due regard to their own safety, that all personnel in their area leave the building speedily and safely.
- After leaving the building to report to the Senior Fire Evacuation Marshal whether their area is clear or not.

A full list of the fire marshals, and the areas they marshal, is given in **appendix II**.

ACCIDENT AND INCIDENTS

Accident and incident reporting

Any accident or incident, including near misses, whether or not there are apparent injuries, must be reported. The incident form must be completed as soon as possible (note: anyone can report an accident, not just the injured party and the report can be filed anonymously if you wish).

All accidents, near misses and hazard observations must be reported using the online riskNET form.



Alternatively, accidents, near misses and hazard observations can be reported using a tool available in 'Inside UCL'. This reporting tool is straightforward to use, allow users to attach photos and works well on mobile devices. To log an incident, simply open the Inside UCL app (<https://app.ucl.ac.uk/InsideUCL/Home>) and click on the 'Report safety incident'. This new tool will feed information straight into riskNET, and you will continue to receive notifications from riskNET.

Under the Reporting of Injuries Diseases and Dangerous Occurrences Regulations (RIDDOR) 2013 certain incidents must be reported to the Health and Safety Executive. This will be done by UCL Safety Services.

All accidents and incidents should be reviewed and signed off in RiskNET within 5 working days.

Injury treatment

- Persons with minor injuries (cuts, abrasions, sprains) must immediately be referred to a qualified first aider to ensure that there is proper assessment and treatment. First Aider lists are found in each stairwell or at the Departmental Office, 7th Floor Roberts.
- Major injuries will be always dealt with by the [Accident and Emergency Department of University College London Hospital \(UCLH\)](#).
- Eye injuries should always be considered as serious. Those caused by chemical splash should be treated immediately by rinsing for 10 to 20 minutes as soon as possible. The casualty must then be sent for a medical examination, preferably to Moorfields Eye Hospital. Anybody with a laser related ocular injury should to [Moorfields Eye Hospital](#) with details of the laser that caused the injury as soon as possible and within 24hours.

Accident Investigation

Incident co-ordinators should be updated annually in the responsible persons register. All incident coordinators (DSO, HOD, TSM and DM) will receive an incident report when a new incident is reported in the department.

For all reported accidents the DSO should arrange for investigation to be carried out in conjunction with the staff and post graduate students as appropriate. The DSO will institute any follow-up action required, they will also keep the UCL Safety Services informed of any action taken and ensure that appropriate measures are employed to prevent similar accidents in the future.

In the event of a serious accident as little as possible should be handled or moved. Any equipment or product (including disposable items) involved in an accident or incident must be retained and where possible left in situ, pending investigation.

Any incident resulting in injury to a member of EEE will be investigated by their direct line manager. These investigations may lead to involvement of workplace health or occupational health UCL services.

OUT OF HOURS WORKING

Departmental out of hours and lone working policy can access from [here](#)

Normal Working Hours:
7am – 7pm Monday to Sunday*
Extended working Hours:
7pm – 9pm Monday to Friday*

Work outside of the times listed above is considered out of hours.

- Out of hours working should be avoided, if possible, especially late night working and working at weekends.
- Staff and postgraduate researchers who have completed all mandatory safety training may do office-based work (no access to labs without additional permission) during ‘extended working hours’.
- Working at such times is subject to the following conditions:
 - You must sign in and sign out using the book at reception. If you start working before normal working hours, you need to sign in at the reception desk and then sign out when you finally leave the building.
 - Do not roam around the building.
 - If you have a mobile phone, keep it with you and switched on.
 - All emergencies should be reported by dialling 222 from a UCL extension or **020 7679 2222** from a mobile.
- Working in a lab outside of normal working hours requires the additional procedure below:
 - Request permission using the [Out of Hours form](#) 48 hours before the work is due to take place.
 - There must be a second person (co-researcher) in the same or adjacent room (within shouting distance) with the researcher conducting the experiment (no lone lab work outside normal hours). The second person must be a member of the department

(postgraduate research student or member of staff) who have completed all mandatory safety training.

- A full risk assessment of the proposed experiment, which covers the additional risks of working out of hours must be submitted on [RiskNET](#) and authorised by the supervisor.

- **High risk activities are not allowed during out of hours working or lone working**

- For urgent out of hours laboratory work (e.g. an overrunning experiment) please call the supervisor responsible for the work to request permission at least 2 hours before. If the supervisor does not respond, the work must not go ahead.

- Access to the department during college closures at Easter and Christmas is not permitted.
- **Undergraduate students and MSc students are only permitted to be in the department from 9:00 am to 7:00 pm Monday to Friday**

First Aid Cover during out hours

During out of hours first aid cover is provided by UCL Security who are all trained first aiders. In case of an emergency requiring first aid use SafeZone app, text. 222 or 0207 679 2222 from a mobile (this number is printed on the back of your ID card) stating location and nature of injury.

LONE WORKING

Lone working may be defined as working while remote from colleagues i.e. colleagues may be in the next room, on other floors in the same building, or other people may be present who are not work colleagues. Lone workers can be peripatetic working between different locations or in fixed locations during normal working hours or out of hours.

Risks associated with working alone:

- Unable to summon help as a result of injury, ill health, or an emergency.
- Unable to carry out a task safely while alone.

Individual vulnerabilities

Specific individuals may be subjected to increased risk when working alone:

- Inexperienced workers.
- Individuals with impaired vision, hearing or mobility.
- Individuals whose first language is not English e.g. ensure that information is communicated effectively, especially emergency arrangements.
- Some medical conditions make sufferers unsuitable for lone working. Managers who have concerns about an individual's fitness for lone working should refer them to Occupational Health after completion of the '[Safety Critical Health Assessment form](#)'.

Managers must ensure that:

- Non-routine lone working is avoided where possible.

- Time spent lone working is planned and covered in the risk assessment.
- Risk assessments for the work under their control indicate the additional control measures required if the work is carried out while alone.
- Measures to control risk while working alone are implemented.
- The lone worker understands the risks and precautions involved in their work i.e. has enough experience and training to work without direct supervision.
- The lone worker has information to deal with emergencies.
- N.B. the lone worker may not be familiar with the building in which they are working.

Managers should consider one or more of the following controls depending on the level of risk:

- A start/finish time has been agreed for out of hours lone working.
- The lone worker informs their supervisor that work has started / finished.
- Periodic checks by the supervisor or person designated by the supervisor are made at agreed intervals e.g. hourly. Checks can be in person, by telephone (mobile or landline), teams or another suitable method.

Note: ensure the means of communication works in the work location prior to start the work (e.g. mobile phone reception)

- A procedure is in place to deal with failure to contact lone worker at agreed intervals.
- A record is kept of the information that has been provided to individuals who work alone.

Managers must review the risk assessment periodically:

- At intervals determined by the risk assessment e.g. every 12 months or sooner.
- After an accident or incident relating to the work.
- If something changes e.g. people, equipment or location.
- Is it still necessary for the work to be conducted alone?
- Is the worker still medically fit to work alone?

Prohibited Lone Working Activities

- Use of explosive substances or those that emit toxic gases.
- Working in confined spaces.
- Working with exposed live electrical sources.
- Lifting heavy loads.
- Large quantity cryogenic decanting.
- Using unguarded power tools.
- Working with individuals under 18 years of age without a valid DBS certificate.

SAFETY TRAINING

UCL has a number of mandatory training modules as well as specialist training modules depending on both your role and activities during your time at UCL and EEE. These need to be kept up-to-date.

Mandatory Safety Training

UCL requires all new starters to complete the following mandatory online safety courses on Day 1.

- [UCL Fire Safety](#)
 - [UCL Safety Induction](#)
 - Staff: [Information Security \(CybSafe\)](#)
 - Students: [Information Security Awareness Training \(students only version\)](#)
 - [Data Protection and Freedom of Information](#)
 - [Workstation self-assessment](#)
- All new starters must also complete the Departmental fire & general safety induction. These inductions are held twice monthly by the [Department Safety Officer \(DSO\)](#). New starters will receive an email requesting to attend the next available session. New starters should attend the next session running after their arrival.
- All new staff and postgraduate students must complete the safety records on their MyInfo page (<https://intranet.ee.ucl.ac.uk/myinfo>) as soon as possible after the completion of mandatory training and inductions.

Note that visiting staff and students who join the department for extended periods (e.g. more than two weeks) are treated in the same way as any of our permanent staff or students for safety training purposes. People visiting for less than at most two weeks are considered guests of the department for safety purposes and they do not have to undertake training. However, they should be always escorted by a staff member and will not be allowed or expected to perform any hazardous tasks that require safety training.

Additional safety training for lab-based staff and PG students

- Local Lab induction: Lab access is only permitted once a suitable, formal lab induction has been provided. Please see your PI/line manager/lab manager for more information
- Principles of Risk Assessment online training

Role specific health and safety training

Staff members and postgraduate students may require other safety training, depending on your role and responsibilities. These requirements will be documented in the Dept lab manual, facility safety arrangements and/or lab rules.

- Manual handling and lifting - [Manual handling and lifting training](#)
- Compressed gas users - [Gas Safety Training](#)
- Liquid nitrogen users - [Liquid Nitrogen in the workplace, Safe decanting of liquid nitrogen training](#)

- Laser Users - [Laser Safety Awareness training](#)
- Fire Evacuation Marshalls - [Fire Training](#)
- First aiders - [Emergency first aid at work training](#)
- Managers, supervisors and (PIs) hold a key role in - [Safety Risk Management Programme training](#) mitigating health and safety risk

WORKING IN EEE LABORATORIES/ WORKSHOP

Access to labs and workshop

- Access is permitted only to staff and students who have completed all the necessary UCL mandatory safety training, local fire and safety training and have received a local laboratory induction using the local lab induction form to record this.
- A list of laboratory workers declared competent to work in the area must be maintained by the laboratory mentor or PI. The list should be made available in the laboratory in the red safety file.
- Visitors who will spend more than two weeks in the laboratory, should be officially registered as visitors with the department, and be treated as a normal staff for training purposes.
- All Estates and engineer visits must be agreed with the laboratory coordinator at least 24 hours in advance, unless in an emergency.

General Rules

Following general rules must be followed when working in laboratories:

- Follow all safety instructions and workplace procedures carefully.
- Know where the hand wash, eye wash, first aid, fire safety equipment are located.
- Do not eat, drink, smoke, or chew gum.
- Tie long hair back, tuck items that may dangle, including lanyards, scarves, and long beards, into the lab coat.
- Wear a lab coat (signage on door will indicate where this is required).
- Wear safety glasses (signage on door will indicate where this is required).
- Wear appropriate gloves if necessary to protect against burns or contamination.
- Avoid lone working where attainable.
- Dispose of waste according to departmental [hazardous waste management plan](#).
- Reports all accidents (including near misses and injuries) to the lab manager and via RiskNet.
- Do not wear headphones, earphones, or other similar devices that block out all sound in the lab. At least one ear must be free to hear alarms and emergencies.
- Do not buy chemicals in quantities larger than those needed. The quantity of hazardous substances stored in a lab should always be kept to a minimum.

Working in EEE workshop is restricted to trained personnel. EEE workshop safety handbook can be found [here](#).

Competence

To work in the labs unsupervised, all staff and students must complete necessary training. Competence must be determined by PI /supervisor of the person carrying out the work with the assistance from lab mentors and instrument leads. Details on what is considered competent to perform a specific activity must be included in the project risk assessment and local lab inductions must be recorded.

Laboratory Safety Folder (Red folder)

All safety and maintenance information for the laboratory should be maintained in the red folder. This information may also be recorded digitally in an accessible online location (for example via SharePoint and MS Teams).

In summary, the folder should contain:

- Emergency contact information
- Local laboratory rules
- Lab induction forms
- A list of authorised lab users and competent persons
- A copy of general laboratory risk assessment
- Specific Risk assessments and COSHH assessments (if applicable)
- Copies of any safe operating procedures for equipment in the laboratory and related training records
- Records of safety inspections
- Records of equipment maintenance and testing

These records must be kept up to date and checked on each safety inspection.

HEALTH AND SAFETY INSPECTIONS

Laboratory Inspections

The DSO will arrange for laboratory inspections to be carried out annually against a formal checklist provided by UCL Central Services via RiskNet. Inspections should be carried out by relevant knowledgeable person (s), e.g. DSO, TSM, LSO, CSO

In the inspection, compliance against a list of standard measures is assessed. These include:

- Ensuring that PPE is readily available and those working in the lab are wearing the correct PPE
- Assessing whether researchers understand safety protocols in the lab.
- Checking if the risk assessments are up to date and in the lab.
- Checking general housekeeping and working environment is suitable.
- Ensuring that waste receptacles are being used correctly.
- Checking that there are no electrical items which may present a hazard.
- Checking fire safety, spill equipment, and first aid provision is sufficient.

- Ensuring local rules for specific hazards such as cryogenics, radiation, and lasers are followed.
- Ensuring that the correct procedures are being followed for:
 - Systems at risk of developing *Legionella*.
 - Systems that operate at non-ambient pressure.
 - All ventilation equipment, including fume cupboards and LEV arms.
 - All lifting and working at height equipment.

Offices/Meeting rooms and kitchen inspection

The DSO will arrange for office, meeting rooms and kitchen inspections to take place every year.

A formal checklist will be used to assess the hazards present in the room. These include:

- Checking general housekeeping and working environment is suitable.
- Checking that there are no electrical items which may present a hazard.
- Ensuring that waste receptacles are being used correctly.
- Checking fire safety, spill equipment, and first aid provision is sufficient.

COLD STORAGE

- Food and drink must not be stored in the laboratory, including in any laboratory refrigerator.
- All items stored in refrigerators must be clearly labelled and dated.
- Solvents and flammable materials must not be stored in refrigerators unless they are spark free.
- All materials should be removed from cold storage when no longer required and disposed according to the local rules

Any inappropriately stored items or out of date items will be disposed of with no notice, i.e. solvents in a normal fridge or out of date food in a food fridge.

FIRST AID

A list of qualified first aiders in the department and their locations are given in **appendix IV**. Names and contact numbers of first aiders are also displayed in each floor and in the emergency contacts sheets in the labs/offices.

The first aid kits are kept with each first aider whose responsibility it is to keep it stocked and in date.

An incident report must be submitted after a first aid (and any other safety) incident.

Any individuals who regularly work events, field work or carry out outreach activities may need to be a first aider. Please contact the DSO for how to access the training.

RISK ASSESSMENTS

All activities in the department should be under an authorised risk assessment. Some risk assessments are department/college wide.

GENERAL GUIDANCE

The purpose of a risk assessment is to identify the hazards involved in a procedure, to set out how those hazards are to be controlled, and to communicate that information to those who need to know.

UCL policy requires that all hazardous activity must have a suitable and up-to-date risk assessment, and these assessments must be recorded in the [RiskNet](#) system. Any person who is going to carry out any new activity involving a hazard must conduct a suitable and sufficient assessment of the risk, and establish any required control measures, **prior** to starting the work.

To be valid, risk assessments must be authorised within [RiskNet](#) by a competent person. For research students, this person will usually be their supervisor, and likewise for researchers this will usually be their line manager. However, where someone is working in a lab outside of their supervisor or line manager's direct control, it may instead be the laboratory or facility manager or a delegated deputy (such as an experienced researcher or technician). Any activity that involves a high hazard task also requires authorisation by the department safety officer.

Our most hazardous environments are our department laboratories and research facilities. Each laboratory or laboratory facility should have general risk assessment prepared, which details the hazards anyone with unsupervised access to the area must be aware of and any controls they must follow, a copy of which can be found in the red safety folder.

All laboratory workers are expected to become competent in performing risk assessments; they are required to complete the University's [Principles of Risk Assessment eLearning](#) course before they commence work, so they are able to carry out a proper assessment of the risks involved and the precautions necessary to ensure their safety and the safety of others.

WHEN IS A NEW RISK ASSESSMENT IS REQUIRED?

If proposed laboratory work falls within the scope of the activities already covered in the laboratory or facility risk assessment, there is no requirement to do a full, separate new assessment. However, line managers and supervisors should ensure that their staff and students are familiar with the hazards & controls and receive any necessary training required by the risk assessment.

Otherwise, it is still a good starting point for a new assessment to use the existing laboratory assessment as your starting point. This way, you ensure you include all of the hazards and controls that already exist in your workplace. [RiskNet](#) allows existing assessments to be copied across to new entries- see below for more information- which makes this very easy.

Where an existing risk assessment for a similar task to your work exists in [RiskNet](#), it is both permitted- and encouraged to use this as the basis for your new assessment. Assessments in

RiskNet can be copied which create a new unique RA reference number and allows the individual to update and adapt a pre-existing assessment for their activities and environment.

Similar to laboratory risk assessments, certain equipment and specialised processes often have their own safety assessments already prepared. Examples include high power laser systems, X-ray generators, and processes involving hazardous chemicals. Often it is not appropriate for non-specialists to attempt risk assessment for these types of equipment and processes, so you will instead be provided suitable training covering the safe operation and safety controls required by the existing risk assessment.

CREATING A NEW RISK ASSESSMENT

If you do have to create a new risk assessment from scratch, how you approach this may vary considerably depending on how specialised the activity is. Below is a useful basic guide to approaching general laboratory work that requires risk assessment. It assumes that you have already determined that a suitable risk assessment does not currently exist in [RiskNet](#) and the work does not require specialised assessment.

1. The first step in a new risk assessment for a completely new process should be to draft a very basic procedure; write a step-by-step guide in bullet points describing the process, for example for a lab experiment which instruments/apparatus are involved and how they will be used, etc
2. Next think about the hazards that may be present, and how likely something might go wrong and lead to harm, and record this for each step. It is useful at this stage to consult any safety documentation available e.g., from equipment manufacturers.
3. Then consider the environment the work will take place in- not only the location, but also who else may be working in the area. Review your assessment of the hazards for each step based on this information- how does it affect their severity and how likely they are to cause harm, not only to you but also to others nearby?
4. The next step is to determine your controls. You may find, after consideration, that you can eliminate some hazards just by changing your procedure or moving to a more suitable workspace. A very good rule of thumb is the 'hierarchy of controls':

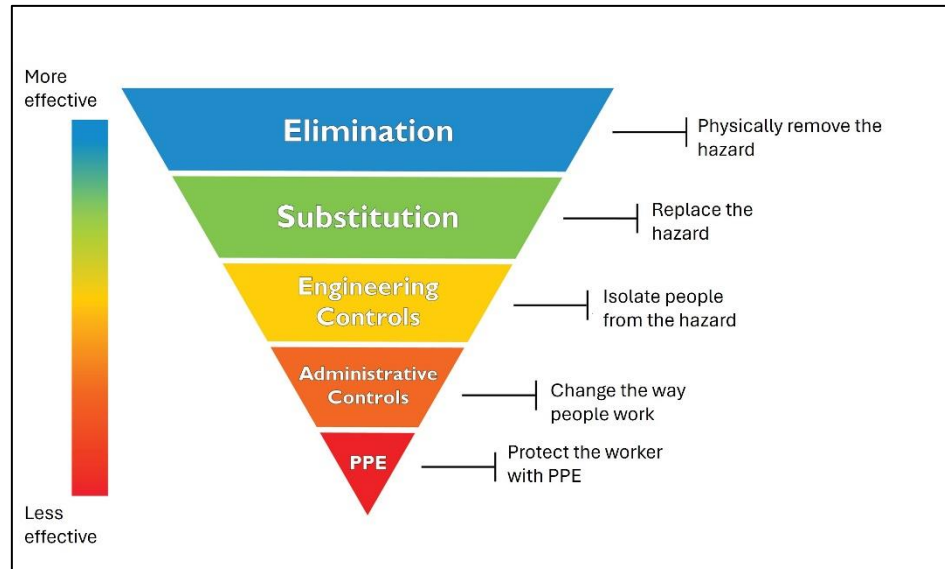


Figure: Hierarchy of controls

Elimination of hazard is the most effective control mechanism. To control hazards, you should always try to remove or reduce them first- by changing your method or substituting in a different process or a safer piece of equipment- before introducing physical or administrative controls. The least effective control is PPE.

5. Finally, review your draft process with the assistance of your supervisor/line manager, or the lab manager (as appropriate) before transferring to [RiskNet](#) for formal review.

3rd and 4th Year undergraduate project students in EEE will get a taught lecture session from the DSO at the start of the academic year to support their risk assessment writing. Anybody else needed support can contact the DSO directly.

THE RISKNET SYSTEM

UCL requires that all risk assessments be recorded in the [RiskNet](#) system. A step-by-step guide to creating risk assessments can be found [here](#). Your supervisor, line manager or the laboratory manager will also be able to provide guidance in preparing risk assessments using the RiskNet system.

GENERAL RISK ASSESSMENT IN THE DEPARTMENT

The department has various general risk assessments, where the controls and risks can be used to adapt controls for personal project risk assessments. They can be accessed on riskNET.

- EEE Generic Event Risk Assessment: **RA103023/1**
- UCL Generic Travel Risk Assessment: **RA084941/2**

- EEE Generic Office Risk Assessment: **RA103023/1**

Risk assessments covering generic hazards in the labs should be available in every lab. All researchers working in the lab should read and understand the general RA prior to start working in the lab and recorded on the lab induction form.

Generic EEE risk assessments should be reviewed annually by the competent person or when there is a change in the hazard profile of the lab.

PERSONAL HEALTH

PREGNANCY

Regulations require that if an employee advises their employer in writing that they are either pregnant, have given birth within the previous six months (including still births after 24 weeks), or is breast feeding, the employer must assess the work activities of any such employee and where any risk is identified control that risk.

Any risk assessment involving a pregnant worker (as defined above) should clearly identify this condition. Existing risk assessments should be revised to consider whether additional controls are required and must be reviewed every trimester. Guidance on how to protect females of child-bearing age, pregnant women, new mothers and women who are breastfeeding from health and safety risks at work can be found [here](#)

For a list of quiet spaces please see [here](#). The closest appropriate space for expectant mothers and breastfeeding mothers and/or nappy changing is 716, 7th Floor MPEB.

ALLERGIES

Very small quantities of some materials may trigger severe allergic reactions. If you suffer from any Allergies that are present in your workspace you should notify the supervisor in charge of the work, who may refer the research to Occupational Health.

GENERAL HEALTH SURVEILLANCE

Health surveillance may be required if the risk assessment indicates that there is a residual risk to health from the work and:

- there is an identifiable disease/adverse health effect and evidence of a link with workplace exposure.
- it is likely the disease/health effect may occur.
- there are valid techniques for detecting early signs of the disease/health effect.
- these techniques do not pose a risk to employees.

This most often occurs when exposed to the following hazards:

- Noise or vibration.
- Solvents, dusts, fumes, biological agents and other substances hazardous to health.

- Asbestos, lead, or work in compressed air.
- Ionising radiation.

It is the supervisor's responsibility to inform UCL Occupational Health of work which will require health surveillance.

HAZARDS AND THEIR CONTROL

EEE has been classified as a [high hazard department](#) due to the nature of its activities and hazards.

ELECTRICAL HAZARDS

Electric shock can kill or seriously injure, and it is necessary to ensure that all electrical equipment is maintained. The maintenance of electrical equipment is also a legal requirement under the [Electricity at Work Regulations](#). All electrical equipment must be regularly checked using the below as guidance before use.

PORTABLE ELECTRICAL EQUIPMENT

- All portable electrical appliances should be maintained by a competent person and periodically inspected. Each piece of equipment will be labelled with an identifying number and the date of last inspection. This information should also be documented on an asset register.
- All new electrical equipment coming into the department must be checked, as soon as it arrives. This is especially important for used equipment either bought second hand or brought in from home.
- All electrical equipment purchased should be of an approved standard e.g. CE, BSI, Kitemarked, or UKCA approved. Any electrical equipment bought from a UK or EU supplier will be constructed to the appropriate standard. If specialised equipment is only available direct from overseas please consult with the DSO and electronics technician before purchase.
- **No one should construct or modify mains electrical equipment without guidance from technical staff.**
- When equipment is not in use it should be switched off at the mains for safety and to conserve energy.
- **Do not use untested equipment.**

MULTI-SOCKET EXTENSIONS

- All extension leads must be PAT tested before being used within the department.
- There must be NO daisy chaining (plugging one into another) performed.
- Extension leads must not be overloaded by plugging in high Amp appliances. Examples of high

Amp devices include anything that heats or cools, e.g. ovens. These must be plugged in directly to the wall sockets.

- Do not use square mains plug adaptors.
- Do not store extension leads on the floor, if possible, mount them to walls or use elevated
- If a cable crosses a pathway, cable covers or cable protectors must be used.
- Cables must be tied up to avoid trailing.
- Only CE or UKCA extension cables may be used.
- Extension cables are not a permanent solution. Contact the Facilities Manager if more sockets are required in a room.
- User must check extension leads for damage, e.g. corrosion or breaks, before use.
- All extension cables must be fused.
- Areas next to water must be avoided.
- Areas with a lot of dust should be avoided, however if they must be used, plug socket covers should be installed when not in use.

USER CHECKS

Users of portable electrical equipment should regularly check it to identify any obvious faults:

PLUG – CHECK FOR:	CABLE – CHECK FOR:	CASING – CHECK FOR:
<ul style="list-style-type: none"> • securely connected to the cable • live, neutral or earth wires visible • pins straight and secure • signs of overheating e.g. scorch marks • cracks or chipped 	<ul style="list-style-type: none"> • badly connected or poorly anchored. • live, neutral or earth wires visible • damaged, broken or cracked • taped joints • outer sleeve not gripped where it enters the plug or equipment? 	<ul style="list-style-type: none"> • loose parts • cracks / damage / signs of having been dropped • corrosion / chemical damage • any signs the equipment has been modified

If any of the above faults are found do not use the equipment but take it to the Technicians based in 6.12, MPEB for repair.

PORTABLE HEATERS

Portable heaters are not allowed in the department.

ELECTRIC SHOCK

Do not touch anyone who has suffered an electric shock unless you are sure they are no longer in contact with the live object, or the power has been switched off. If it is not immediately possible to switch off the power and they are still in contact with the object, try to pull them away from it using something non-conductive (e.g. wooden broom or an extension cable).

Immediately contact your nearest First Aider if you or a colleague receives a painful electric shock. Even if there appears to be no injury, internal burns and heartbeat irregularities are possible.

LASERS

-The [Departmental Laser Safety Officer](#) must be informed before a new laser device is brought into the department.

- All Class 3R, 3B and 4 lasers must be registered with the University Laser Protection Officer (ULPO) by completing a laser registration form (appendix V) and added to the Department's Artificial Optical Radiation Inventory managed by the Laser Safety Officer (LSO).

Suitable and sufficient laser risk assessment should be carried out before starting work with any laser. Specialist risk assessment forms for Class 1, 2, and Class 3R, 3B, 4, are available on RiskNET under the '**Specialist Risk Areas**' tab.

- All laser users must be aware of the hazards associated with the laser they intend to use.

- All laser users must attend UCL 'Laser safety awareness' course prior to start working with lasers.

- If practicable, the laser laboratory should have a high level of illumination that will minimise pupil size. To enhance illumination and reduce specular reflections, walls, ceiling, and fittings should be painted with light coloured matt paint.

-Reflecting surfaces, such as glass, should be avoided.

-Windows should be kept to a minimum and may need to be covered with blinds. These blinds should be non-reflective and adequately fire-resisting, where higher-powered lasers are used.

- Remove any reflective jewellery.

- Use beam dumps to terminate any stray beams.

- Clamp optical components securely.

- Keep beams horizontal.

- Always keep your head above the level of the beam.

- Fully enclose the beam if possible; partially enclose the beam if full enclosure is not practicable.

- If enclosure and interlock is not practicable then this must be justified, and it must be detailed how risks to persons unexpectedly walking into the room are controlled.

- Laser eyewear must be suitable for the wavelength, power and type (pulsed/continuous) of beam.

- Laser eyewear must be stored carefully when not in use (e.g. in designated wall mounted holder) and not left on the bench.

-UCL laser safety guidance can be found here (<https://www.ucl.ac.uk/safety-services/sites/safety-services/files/laser-guidance.pdf>).

WORKSTATION- DISPLAY SCREEN EQUIPMENT (DSE)

The risks associated with DSE use are postural problems (leading to upper limb disorder), visual problems (eyestrain), fatigue, and stress. These can generally be avoided by adopting a good working posture (e.g. adjust desk and monitor) which minimises repetitive movements and strains, ensuring there is good environmental lighting (e.g. adjust brightness and contrast on the screen), and taking frequent short breaks (don't sit in the same position for long periods). Task change software is available which will bring up a reminder to take a break (free from <http://www.workrave.org/download>).

There is no evidence that disease or permanent damage to eyes or eyesight can be caused by DSE use.

However, any uncorrected visual defects may lead to temporary eye strain when using DSE. UCL offers free eye tests to all employees (not research students) under the Eye Care Scheme.

(<https://www.ucl.ac.uk/human-resources/eye-care-benefits>).

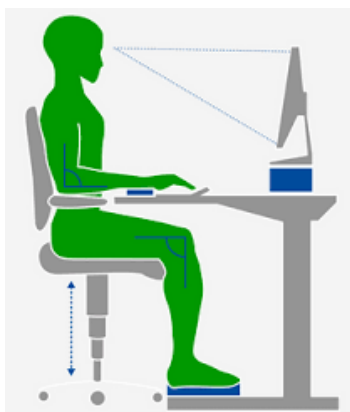


Figure: Diagram indicating good posture

- DSE assessment should be completed by full time staff, where the display system is used for continuous periods of an hour or more. Research students assigned a desk will get a DSE compliant workstation and only need to carry out a DSE assessment if the set up does not meet their needs.
- It is important to follow the principles for setting up a good workstation both when on campus or working remotely. You should complete a workstation assessment on RiskNET for your contracted place of work.
- When you submit DSE assessment, it goes to your manager if there are any issues. You are responsible for making sure your manager follows up on your DSE. If you are a line manager make sure you login and sign off after providing solution.

CHEMICAL AGENTS

COSHH REGULATIONS

[The Control of Substances to Health Regulations 2002](#) (COSHH) provides a legal framework to protect people against health risks from hazardous substances used at work. This is done by considering their hazardous properties, how they cause harm, the ways they are used and how to control the risks. More information can be found on the safety intranet [COSHH pages](#).

PURCHASE AND STORAGE OF HAZARDOUS CHEMICALS

No hazardous chemicals are to be purchased unless an authorised COSHH assessment has been prepared for the proposed work involving those chemicals.

When received, chemicals must be kept in a secure laboratory environment and unpacked and transferred to appropriate storage as soon as practicable. They should not be left in their transport

packaging. The storage or secondary container they are transferred into must have the appropriate hazard labelling.

Staff and students who are planning new work using hazardous chemicals should discuss this with the Lab Safety Co-ordinator for the proposed work location **before** ordering the chemicals. You can also seek advice from the [Chemical Safety Officer](#).

Care should be taken to also consider the chemical products of the proposed process, and ensure the hazards and controls associated with these new products have also been assessed. Products that are retained, including any small quantities retained as research samples, must be clearly labelled, and treated just like any other hazardous chemical in all respects. They must be stored appropriately: **never in offices.**

Any hazardous materials found without a supporting COSHH assessment, without a clear owner, or stored inappropriately will be confiscated and immediately disposed of.

Certain chemicals are reportable under the *Control of Poisons and Explosives Precursors Regulations 2015*. Staff or students wishing to use these chemicals must discuss their use with the Chemical Safety Officer before purchasing or transferring to the department. Lab Safety Coordinators should check against this list for new work involving chemicals and refer to the Chemical Safety Officer as necessary. The full list of controlled chemicals can be found [by following this link](#)

A number of chemicals are also monitored as drug precursors (see table below). In these cases, usage of these materials **must** be always tracked and accounted for. Department usage of these materials is regularly audited by Safety Services.

<i>Drug Precursor - Category 2 substances</i>	<i>Drug Precursor - Category 3 substances</i>
Acetic anhydride	Acetone*
Phenylacetic acid	Ethyl ether
Anthranilic acid	Methyl ethyl ketone
Piperidine	Toluene*
Potassium permanganate	Sulphuric acid*
	Hydrochloric acid*

EMERGENCIES

Project supervisors must consider possible issues and make sure everyone knows the procedures during an emergency involving hazardous chemicals. Things to consider are:

- Lay down the procedures to be followed if there is a leak or spill of flammable material and make sure people know and understand them.
- If special first-aid facilities or equipment are required then departmental first aiders need to be made aware of this.

These considerations must be documented in the lab safety folder and all users of the laboratory need to be trained and inducted against this protocol.

CHEMICAL SPILL PROCEDURES

- A spillage kit suitable for the types of chemicals being handled, as well as the correct type of Personal Protective Equipment (PPE) for spill clean-up should be available in all wet laboratories.
- Information on handling spillages of specific hazardous chemicals must be included in the laboratory risk assessments.

Example Spill cleaning procedure:

1. The member of staff/researcher first on the scene must immediately alert other people to keep a safe distance away.
2. Isolate spill and consider sealing off the area if possible and displaying warning signs on the doors. If there is a possibility the chemical could seep to the floor below, the occupants must be warned and evacuated.
3. If a flammable liquid is spilt, eliminate ignition sources, such as naked flames and do not use electrical switches in the immediate area, as a spark from the switch may ignite the spill.
4. Ventilate area, open windows where possible and close doors to avoid vapours spreading. Opening LEV arms and fume cupboard sashes can increase the air exchange rate in the lab.
5. Assemble the spill kit equipment and PPE then make preparations to deal with the spill.
6. Protect floor drains or other means for environmental release. Spill socks and absorbents may be placed around drains, as needed.
7. Contain and clean-up the spill according to type of substance spilt and information on handling spillages of specific hazardous chemicals included in your laboratory risk assessments and MSDS information sheets.
8. When spilled materials have been absorbed, use brush and scoop to place materials in an appropriate container. Polyethylene bags may be used for small spills.
9. Identify the material as Spill Debris identifying name of the chemical(s) and affix a label to the container. Dispose of contaminated waste chemicals safely.
10. Report all spills using the online the Incident/Accident report form and inform the DSO.

DUST AND FINE POWDERS

- Work that generates dust (e.g. all open cutting machinery in the workshop) should have local extraction and filtration.
- Sand blasting should take place in a filtered enclosure and substrate to contain less than 1% silica.
- The workshop has a dedicated area for dusty work, with local extraction to exterior. All work that may cause large amounts of dust and particulates should be carried out in this area.
- A suitable facemask appropriate for the work (which fits properly) should be worn.
- Doing the work in a standard fume cupboard is not an effective long-term solution as the dust is likely to settle out in the duct system.

- Many substances which are not normally considered flammable can when airborne as a dust cloud create a flammable or explosive atmosphere.

ASBESTOS

- Breathing air containing asbestos dust can lead to asbestos-related diseases. These are mainly cancers of the chest and lungs.
- Any worker asked to carry out any operation in the department that brings them into contact with asbestos should contact the Departmental Safety Officer.
- Under NO circumstances should any asbestos based materials be used in the department.
- If you uncover any hidden material or dust which you suspect may contain asbestos, stop work and get advice. Ducts and access panels in the building may conceal areas containing asbestos dust. Where the risk is known warning labels will be found applied to panels.
- Always be especially careful when working with old insulation board, ceiling tiles, cement sheeting and other material, which may contain asbestos. If you have to drill, cut, sand, or handle these materials, treat them as if they contained asbestos.

MANUAL HANDLING

Hazardous manual handling operations should be avoided as reasonably practicable.

If staff regularly are involved in handling of heavy items, the [UCL Manual Handling Course](#) must be completed. The course details proper technique for carrying heavy items and helps protect staff /researchers from developing injuries.



MANUAL HANDLING AND DELIVERIES

When items are delivered, please ensure that the correct manual handling training techniques are implemented. If you regularly receive large delivery items, you will need carry out the training.

For occasional large delivery items please ensure that you contact the technical team who will provide trained members of staff to assist with the manual handling of the delivery.

Please note that deliveries via inaccessible delivery modes i.e. no tail lift on delivery vehicle for heavy/bulky items will have the delivery rejected and appropriate redelivery will have to be arranged.

WORK AT HEIGHTS

A risk assessment should be conducted before working at height, taking into account the likelihood of a fall and the severity of the likely injuries. No person working at heights should work alone.

- All ladders must be securely lashed or attended by another person.
- Ladders should only be used as a work platform when the short duration or low risk of the work do not make a more stable platform (such as a tower) justified.

Ladders to be checked regularly and a record kept.

Use of the hoist in EEE by trained users only. Workshop to maintain.

STRESS (MENTAL ILL HEALTH)

Staff may experience periods of pressure at work, and short periods of pressure are not necessarily of concern. Stress can impact the physical and mental health of staff, as well as their behaviour, performance, and relationships with colleagues.

The risk from sustained and/or excessive pressure without the opportunity to recover should be assessed. Managers should complete a stress risk assessment with the member of staff present when a member of staff raises concerns over stress.

BEING WELL AT UCL

UCL Workplace Health support the health and wellbeing of staff and PhD students. They deliver evidence-based and inclusive occupational health and wellbeing advice and services. More information regarding UCL Workplace Health can be found [here](#).

PURCHASE, DELIVERY OR PRODUCTION OF HAZARDOUS EQUIPMENT AND CHEMICALS

The following covers equipment being purchased in the department. For the purchase of any second hand equipment please fill in the departmental [Purchase of Second Hand Equipment Form](#).

MAINS-POWERED ELECTRICAL GOODS

Mains powered electrical items brought on site must receive a Portable Appliance Test (PAT) before use. Contact the teaching lab technical team for assistance. New equipment found without valid PAT may be turned off and confiscated without notice.

Exceptions to this rule:

- Equipment brought temporarily on site by contractors or service engineers that will be used only by the contractors or service engineers.
- Equipment designed for outdoor use & regular transport must have an in-date PAT, however it does not need to be retested each time it is brought on-off site.
- Equipment transferred temporarily between departments/units of UCL must have a valid PAT. However, a retest is not required if an in-date PAT has been performed by the donating UCL department/unit.
- Minor mains powered items brought on site for short periods for personal use (e.g., phone chargers) may be used without a PAT, at the user's own risk. However, any items that will remain on site for an extended period (e.g., coffee machines) must have a valid PAT.

All mains powered items transferred on site should be checked for obvious damage to cables or plugs before turning on. Should any damage be found, it must be passed for repair and receive a PAT before being used again- this overrules any of the exceptions above.

PAT responsibility for equipment held in common by research collaborations across multiple UK institutions/companies should be agreed in writing. Should any such equipment be received without a

valid PAT, by default the responsibility will fall on EEE staff to arrange testing prior to use. Equipment received/returned from outside the UK must always receive a new PAT on arrival.

IMPORTANT: Any constructed mains powered equipment should also be tested and have a valid PAT before regular use. Note the construction and testing of such equipment must take place in laboratories only; any found in offices may be turned off and confiscated without notice.

Hazardous chemicals

No hazardous chemicals are to be purchased unless an authorised COSHH assessment (Control of substances hazardous to health) has been prepared for the proposed work involving those chemicals.

When received, chemicals must be kept in a secure laboratory environment, and unpacked and transferred to appropriate storage as soon as possible. They should not be left in their transport packaging. The storage or secondary container they are transferred into must have the appropriate hazard labelling. **They must never be kept in offices at any time.**

Staff and students who are planning new work using hazardous substances should discuss this with the Lab Safety Co-ordinator for the proposed work location before ordering any materials.

Care should be taken to also consider the chemical products of the proposed process, and ensure the hazards and controls associated with these new products have also been assessed. Products that are retained, including any small quantities retained as research samples, must be clearly labelled, and treated just like any other hazardous chemical in all respects. They must be stored appropriately: never in offices. Any hazardous materials found without a supporting COSHH assessment, without a clear owner, or stored inappropriately will be confiscated and immediately disposed of.

Certain chemicals are reportable under the Control of Poisons and Explosives Precursors Regulations 2015. Staff or students wishing to use these chemicals must discuss their use with the Chemical Safety Officer before purchasing or transferring to the department. Lab Safety Coordinators should check against [this list](#) for new work involving chemicals and refer to the Chemical Safety Officer as necessary. A number of chemicals are also monitored as drug precursors (see the table).

In these cases, usage of these materials must be always tracked and accounted for. Department usage of these materials is regularly audited by Safety Services.

Drug Precursor - Category 2 substances Acetic anhydride Drug Precursor - Category 3 substances Acetone* Phenylacetic acid Ethyl ether Anthranilic acid Methyl ethyl ketone Piperidine Toluene* Potassium permanganate Sulphuric acid* Hydrochloric acid* 2 3)

NEW CLASS 3 AND 4 LASER SYSTEMS

All Class 3R, 3B and 4 lasers must be registered with the University Laser Protection Officer (ULPO) by completing the UCL laser registration form and added to the Department's Artificial Optical Radiation Inventory managed by the Department Laser Safety Officer (LSO).

Equipment on short term loan or brought by visitors needs to be registered at the earliest opportunity. It does not include equipment brought on site and used only by service engineers/contractors. The LSO must be

informed of any purchase or transfer of new class 3R, 3B and 4 lasers before the order has been placed or any equipment has been transferred. Replacing or updating existing laser equipment does not need pre-approval from the LSO unless the class of the laser changes.

An approved laser risk assessment and scheme of work document must be available for the work before any new laser is brought on site, and the proposed location must have a suitable laser management and training system in place prior to the laser being installed.

Remember if new laser work is planned- work either substantially different from existing work in a laser area or proposed in an area that is not currently a laser area- the LSO must be informed at the earliest stage. New Class 3 and 4 laser systems found on site without registration/prior notice will be considered under the disciplinary policy.

Laser systems constructed on site.

The controls above cover laser systems not laser components. For example, a laser diode component does not count as a laser system until it has been assembled in a set-up and wired to a suitable laser driver. Laser registration in such cases should take place at the planning stage for the assembled set up; it is not necessary to register all laser components at the purchase stage.

Like any other class 3 or 4 laser systems, any found assembled on site without registration will be considered under the disciplinary policy.

Contact the Department Laser Safety Officer (LSO) for further advice.

Effective Class 1 enclosed laser systems

Some equipment includes what would normally be class 3 and 4 laser systems, but they are incorporated into sealed or interlocked enclosures that are certified by the manufacturer as effective class 1, as the laser beam is never accessible to the user. These items do not need to be registered, however, if you wish to purchase or loan this type of equipment you must seek advice from the LSO at the earliest opportunity, as certain safety control measures and procedures will still be required.

New X-ray equipment

The purchase of any X-ray generating equipment must be approved by the University Radiation Protection Officer (RPO) before an order is raised. Colleagues planning such work must first discuss the research need with the Department Radiation Protection Supervisor (RPS), who will seek approval on their behalf with the RPO.

A radiation risk assessment and set of local rules must be signed off by the RPS before any purchase is made. Equipment purchased without permission will be refused delivery and returned to the supplier, with all costs falling on the purchasing account.

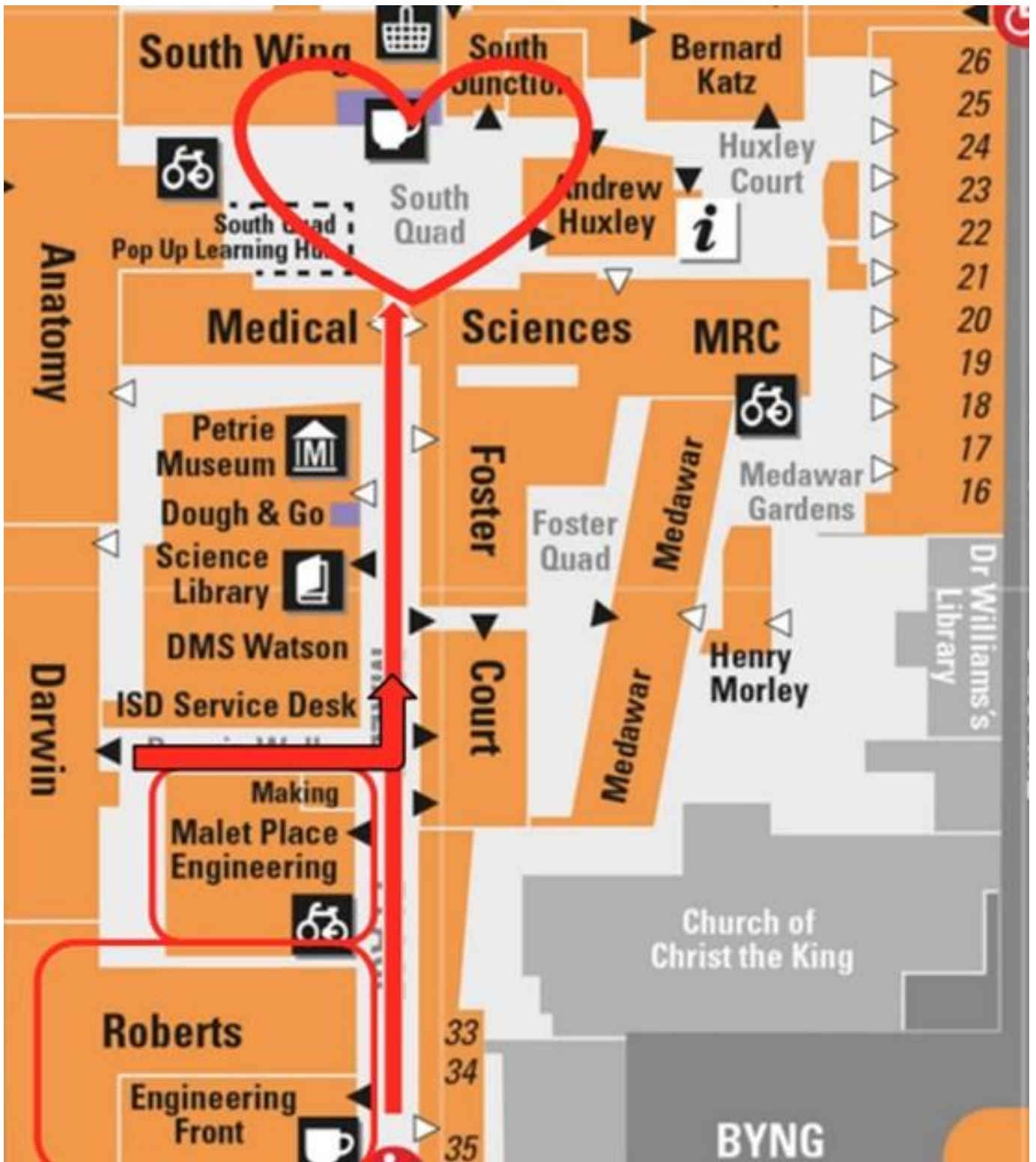
X-ray equipment found on site without permission will be considered under the disciplinary policy.

Constructing equipment for the express purpose of producing X-rays is strictly prohibited.

Any work that may produce incidental X-rays (very high voltages in vacuum equipment) should be referred to the RPS at the planning stages. 3

Receiving or purchasing any sealed or unsealed ionising radiation sources is strictly prohibited

Appendix 1: Fire Assembly point



Appendix II - Robert's and MPEB fire marshals

NAME	BUILDING	FLOOR	ROLE
Mingchu Tang	ROBERTS	XG	FEM

<i>Junjie Yang</i>	ROBERTS	XG	FEM
<i>Xuezhe Yu</i>	ROBERTS	XG	FEM
<i>Alfonso Roucco</i>	ROBERTS	6	FEM
Tom Hamer	ROBERTS	6	FEM
<i>Felipe Ferreira</i>	ROBERTS	6	FEM
Simon Barnes	ROBERTS	6	SFEM
Joe Hird	ROBERTS	7	FEM
Martyn Fice	ROBERTS	8	FEM
<i>Stuart Holmes</i>	ROBERTS	8	FEM
<i>Lalitha Ponnampalam</i>	ROBERTS	8	FEM
Steve Hudziak	ROBERTS	9	FEM
Cyril Renauld	ROBERTS	9	FEM
<i>Roshni Harkishin</i>	ROBERTS	9	SFEM
<i>Firoz Alam</i>	ROBERTS	8/9	FEM
Matt Richie	ROBERTS	11	FEM
Dai Jiang	ROBERTS	11	FEM
<i>Lai Bun Lok</i>	ROBERTS	11	FEM
Andy Moss	MPEB	6	SFEM
Mohammed Omer	MPEB	6	FEM
Noordeen Mohamed Samsudeen Marikkar	MPEB	6	FEM
Alan Guedes	MPEB	7	FEM
David Griffin	MPEB	7	FEM
<i>Rob Thompson</i>	MPEB	7	FEM

Appendix III: Out of hours request form.



DEPARTMENT OF ELECTRONIC AND ELECTRICAL ENGINEERING
OUT OF HOURS REQUEST FORM

To be completed by out of hours applicant

Work date/s:
Start time: End time:
Lab location and room number:
Nature of the work to be carried out:
Risk Assessment Reference number (s):
Justification for working out of hours:

Name: Date:

Signature:

To be completed by co-occupant (lone lab work is not permitted outside normal working hours)

Nature of work to be carried out:

Risk assessment reference number(s):

Justification for working out of hours:

Name: Date:

Signature

Authorisation

I give permission for this out-of-hours lab work to place for both the applicant and co-occupant.

Supervisor's Name:

Signature: Date:.....

Keep a copy for yourself and forward a copy to the DSO via eee-safety@ucl.ac.uk 48hrs prior to when access is required.

Appendix IV - Robert's and MPEB first aiders

Name	Role		Location	Contact
Steve Hudziak	FAW		Roberts 9 th floor	+44 (0)20 7679 3991
Thomas Hamer	FAW		Roberts 6 th floor extension (workshop)	+44 (0)20 7679 3964

Dr Zhixin Liu	EFAW		Roberts 6 th floor (ONG)	+44 (0)20 7679 7305
Mingchu Tang	EFAW		Roberts XG (MBE)	+44 (0)203108 6551
Andrew Moss	FAW		MPEB 6 th Floor (Teaching labs)	+44 (0)20 8138 7857
Firoz Alam	EFAW		Roberts 9th Floor	+44 (0)20 3108 4882
Joe Hird	EFAW		Roberts 7th Floor (Departmental Office)	+44 (0)20 3108 1123

Appendix V: Laser registration form

(<https://www.ucl.ac.uk/safety-services/sites/safety-services/files/laser-guidance.pdf>)

This form should be completed for all 3R, 3B and 4 lasers, and submitted to the University Laser Protection Officer (lasersafety@ucl.ac.uk). Complete for new acquisitions, changes of use, and disposal. For new acquisitions complete boxes, A&B, for changes/disposals complete boxes A&C

A. Laser details	
Make and Model:	Type (medium):
Power (mW):	Class:

Wavelength and band:		Serial No:	
Pulse Frequency (Hz) (if applicable):		Name of appointed Laser Safety Officer:	
Department:	Building:	Room:	

B. New Acquisition	
Date of first use:	
Brief outline of work to be undertaken and the status of individuals involved (e.g UG,PG,Staff):	
Is the laser beam fully enclosed? (Yes/No)	
If no, provide a justification statement outlining why enclosure is not possible, and describe the control measures in place to shield the beam.	
Risk Assessment Completed (Yes/No)	Scheme of Work Completed (Yes/No)

C. Changes/disposal
Please provide details below of any changes relating to the use of the laser or if it is to be taken out of use:

