

Authorisation for Unattended Running of Equipment/Apparatus Procedure

Introduction

This procedure is intended to cover equipment and apparatus where risk arises from chemical, gas or water release or fire, explosion or disintegration of components.

The procedure is **not** intended to cover the use of continually running equipment designed for that purpose; for example, fridges, freezers, ICT servers, air handling plant and incubators, or IT equipment that has automatic shutdown or sleep mode. Neither is it intended to cover equipment that is continually overseen or frequently checked by a Competent Person (that is, a responsible person who is familiar with the apparatus and what actions need be taken in the event of a failure to danger).

Equipment/Apparatus left running unattended **must** display a completed "Authorisation for Unattended Running of Equipment/Apparatus" Form (above) if:

- It is to be left running outside of normal working hours (that is; overnight, at weekends, on public or University holidays) and there will not be a Competent Person periodically checking or overseeing its operation, or
- It is to be left running during normal working hours in an area where Competent Persons are not likely to be periodically checking or overseeing its operation (for example in a research laboratory where no-one else is working), and
- It could fail to danger, giving rise to the potential of injury or damage.

Procedure.

1. A risk assessment must be carried out (and recorded) for, and prior to, the use of the equipment/apparatus, identifying all potential failure modes and what control measures are put in place to prevent failure.
2. The risk assessment will determine the potential for injury or damage in the event of a failure and, particularly, the likelihood of injury to staff, if they are involved in making it safe.
3. The risk assessment will be used to determine the information entered on the form above, including the actions to be taken by staff (including Security staff) or students in the event of failure to danger. **NB, where there is a need to isolate services the service isolation points must be clearly indicated and identified.**
4. All of the fields on the form must be completed. If a field is not applicable it must be recorded as such.
5. The form will be approved by the Supervisor or Principal Investigator **and** by the Head of School (or designate) prior to the equipment/apparatus being run unattended. One or both signatories should have seen the apparatus & risk assessment before signing.
6. A copy of the form **must** be displayed in a plastic sleeve close to the equipment along with a copy of the risk assessment. A further copy may be displayed on or at the door to the room. This copy should be under Perspex or glass.
7. A further signed copy of the form must be given to Security **prior** to the equipment/apparatus being left unattended and a third copy retained by the Supervisor or Principal Investigator.
8. Two people who may be contacted in an emergency must be named. Contact numbers may be given to Campus Security rather than on the displayed copy of the form. The form must indicate that Security have these numbers. Contact names should be displayed on laboratory doors and it is sufficient to refer to these.
9. Failure to follow this procedure will result in a report to the Head of School or Department and may result in disciplinary action.

Procedure Author – Resilience and Safety	Procedure Owner – Resilience and Safety
Parent Policy Statement - Health, Safety and Wellbeing Policy	Public Access or Staff Only Access - Staff
Version 2 – November 2018 (Interim update with full review scheduled for 2019)	Changes and Reason for Changes – Policy Review

AUTHORISATION FOR UNATTENDED RUNNING OF EQUIPMENT/APPARATUS

(January 2014)

School or Department.....Campus.....Building/Room No.....						
Complete the information below. (Note: complete all boxes. If a question is not applicable then note that fact in the box)		Does the apparatus require to be checked by School or Departmental Staff outside of normal working hours?		Yes	NO	
Unattended running authorised by:		Who will check the apparatus? (NAME)				
Name of responsible staff member - Supervisor, Principal Investigator	Signature	Emergency Contacts:		Name	Position	Contact Phone Number
Name of Head of School (or designate)	Signature		1			
SECURITY STAFF WILL ALWAYS PHONE THESE NUMBERS IF THERE A CONCERN ABOUT UNATTENDED EQUIPMENT			2			
Description of apparatus		Exact Location within room				
INFORMATION FOR, AND ACTIONS REQUIRED OF STAFF IF THERE IS A CONCERN						
Please leave equipment on between	Time: Date:	and	Time: Date:	In Event of an emergency you may take the following actions:		
What are the normal operating conditions (e.g. colours of indicator lights, silent running, low humming, running liquid or bubbling noise)?				Isolate?	Yes/No	At:
				Electricity		
What conditions will require action to be taken (e.g., warning signal such as a buzzer or red light, sight or sound of gas or liquid release)?				Gas supply		
				Water		
				Compressed air		
What are the identified risks that staff (or others) should be aware of when making this equipment safe?				Laboratory gases		
				Vacuum		
				Other services		
Any other special instructions:						