|  |
| --- |
| Registered User No: |

Department of Mechanical Engineering – Biomechanics Lab, Room 639

**REGISTRATION of LAB-ACTIVE WORKERS**

**All lab users must be authorised by the Head of Biomechanics**

**Supervisor:** It is your responsibility to ensure completion of this form and to ensure user is adequately trained. Keep a copy for your records and return a copy to the Head of Biomechanics (Professor A Amis) for his signature *before* the User begins experimental work.

Name of User (Block Capitals): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_

Lab use start date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

User is (please circle) A. Undergraduate B. Postgraduate C. Research Assistant

D. Technician E. Academic F. Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Hazards:** Supervisor must list all hazards the User is expected to encounter:

|  |  |
| --- | --- |
| **Hazard type** | **Description** |
| Chemical |  |
| Biological |  |
| Compressed/liquefied gas |  |
| Other |  |

**Chemical Hazards:**

COSHH risk assessment required YES / No

Covered by a General Assessment YES / No COSHH registration no: \_\_\_\_\_\_\_\_\_\_\_\_\_

Individual COSHH assessment completed? YES / No COSHH registration no: \_\_\_\_\_\_\_\_\_\_\_\_\_

**NB:** Further instruction and permit is required before authorisation to handle human

1.

**Biological Hazards:**

**To be completed by the User:**

Have you attended the Departmental Safety lecture? YES / No

Have you been given a set of Bio Lab Safety rules? YES / No

Have you been shown how to implement the Rules in the Lab? YES / No

Do you understand the implementation of the Safety rules completely? YES / No

**Declaration:** I have had the Biomechanics Lab Safety rules explained to me; I understand the Rules and will always obey them. I understand that failure to obey these rules may place myself and others at risk of injury and that any failure may result in my exclusion from the laboratory.

Signature of User: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**To be completed by the Supervisor:**

I have checked the above registration and confirm that the information is complete and correct.

I have ensured that the User has received appropriate safety training.

Signature of Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Registration of User to work in the Biomechanics lab, Room 639:**

Signature of Head of Biomechanics: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_