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| {Discipline} Teaching Laboratory  School of Medical Sciences  Student Risk Assessment | LandscapeColourPos | [INSERT NAME OF PRACTICAL CLASS HERE]  Insert document control details here |

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| Hazards | Risks Controls | |
| *Insert hazards here e.g.*  *Ergonomics*  *Electrical* | *Insert associated risks e.g.*   * *Musculoskeletal pain* * *Eyestrain* * *Electrical shock/fire* | *Insert control measures in the class e.g.*   * *Fully adjustable chair available* * *Computer screen and equipment adjustable* * *Microscope adjustable* * *All portable electrical equipment tested and tagged.* * *Check electrical equipment in good condition before use.* * *Students advised on the correct set-up of workstation* * *Sessions at the microscope limited to less than an hour* |

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| Workstation set-up |
| **Adjust seat back for lumbar support**  **Monitor positioned arm-distance away**  **Top of monitor at eye-height**  **Monitor tilt**  **Elbow at 90º angle** |

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| Microscope set-up |
| microscope 1.gif  **Adjust seat back for lumbar support**  **Eyes level with top of eye-piece**  **Back and neck straight**  Adjust height of chair so that eyes are at the level of the eye pieces, shoulders are not hunched, back is straight and neck is not excessively flexed (no more than 10-15 degrees below the horizontal). |

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| Personal Protective Equipment |
| Not necessary in these practicals. |

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| Emergency Procedures |
| *Insert details in the event of an emergency e.g. “In the event of an alarm, follow the instructions of the demonstrator. The initial sound is advising you to prepare for evacuation and during this time start packing up your things. Switch off the power to the microscope. Return the slide to its case, secure the case and take the case with you. The second sound gives instruction to leave.”* |

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| Clean up and waste disposal |
| *Insert details for clean-up and waste, or if there is none state “No apparatus used in these practicals.”* |

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| Declaration |
| I have read and understand the safety requirements for this practical class and I will observe these requirements.  Signature:……………………………………………………………Date:…………………………… |