

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).

If left unattended, Equipment/Apparatus should be designed to run safely and to fail to safety, i.e. come to a safe condition in a safe manner.

Equipment running during normal working hours must be periodically checked by a Competent Person (for example in a research laboratory where no-one else is working). An "Authorisation for Unattended Running of Equipment/Apparatus" Form must also be completed.

Equipment/Apparatus left running unattended outside of normal working hours (that is; overnight, at weekends, on public or University holidays) **must** display a completed "Authorisation for Unattended Running of Equipment/Apparatus" Form (below).

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 below, including the actions to be taken by staff 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 **and** by the Head of School / Department (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 of the form and risk assessment must be displayed on or at the door to the room. This copy should be under Perspex or glass.

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7. A further signed copy of the form must be given to Security **prior** to the equipment/apparatus being left unattended and a final copy retained by the Supervisor.
8. Two people who may be contacted in an emergency must be named and their emergency contact details provided.
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 – Head of Resilience and Safety	Procedure Owner – University Secretary
Parent Policy Statement - Health, Safety and Wellbeing Policy	Public Access or Staff Only Access - Public
Version 2 – April 2019	Changes and Reason for Changes – Revised Procedure

AUTHORISATION FOR UNATTENDED RUNNING OF EQUIPMENT/APPARATUS

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	N O
Unattended running authorised by:				Who will check the apparatus? (NAME)			
Name of responsible staff member		Signature		Emergency Contacts: 	Name	Position	Contact Phone Number
Name of Head of School / Department (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 (eg, warning signal such as a buzzer or red light, sight or sound of gas or liquid release)?				Gas supply			
				Water			
				Compressed air			
				Laboratory gases			

What are the identified risks that staff (or others) should be aware of when making this equipment safe?	Vacuum		
	Other services		
Any other special instructions, including protection measures for staff involved in making the equipment/apparatus safe:			