**Equipment operator**

**Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Research Group\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact no.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Duration\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Questionnaire**

|  |  |  |
| --- | --- | --- |
| 1 | Have risk assessments for ALL tasks in this activity been completed? | Y / N / NA |
| 2 | Has the level of risk been assessed: (must be below HIGH) | Y / N / NA |
| 3 | Are appropriate risk reduction measures in place | Y / N / NA |
| 4 | Are emergency procedures in place where required | Y / N / NA |
| 5 | Have all water connections been fitted with hose clamps? | Y / N / NA |
| 6 | Has a standard operating procedure (SOP) been written for this activity? | Y / N / NA |

**Emergency Procedures**

Actions (including shut down if there is an emergency)

I certify that the following requirements have been met:

1. I understand the hazards related to this leaving this equipment unattended and working outside normal hours.
2. Regular laboratory inspections have been conducted in this area.

3. The after hours logbook will be signed for every entry/exit and I will carry my ID card at all times.

4. I know how to contact security in the event of any emergency.

**Operator Supervisor**

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Additional Emergency Contacts­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If an apparatus is found to be malfunctioning, it must be shut down.**