**Rice University Collaborative Capstone Design** 

**Documentation Instructions**

**Team Safety Plan**

Each team is required to complete a safety plan for their project. This plan should cover anything potentially hazardous activities that your team plans to undertake, whether or not the activities will take place in the OEDK. A template for this plan can be found at the end of this document.

Each team is expected to seek out experts who are qualified to evaluate that the safety plan is appropriate for their specific area. For example, Dr. Ann Saterbak or Dr. Ken Cox would be appropriate advisors for using chemicals and the wet lab. The team is expected to seek out their guidance and get a signature certifying that they approve of your plan. E

Each team is expected to review and update their safety document as needed- at least monthly. It is to be kept in your team binder and a copy should be kept at your table behind your project info sheet readily available to any faculty or technician who would like to review it with you.

Revisions to the Safety Plan will be graded at Cycles 2, 3, and 4. If your team has added or changed your potentially hazardous activities then you need to get new signatures in the appropriate sections. If nothing has changed with respect to your team’s activities and safety plans, you should submit a page that includes words to that effect. Leaving the safety section completely blank is unacceptable. Even if you are doing a pure software project you can include information about avoiding carpal-tunnel syndrome, for instance .

Consider safety issues associated with topics including but not limited to:

* Electronics, current, voltage, etc.
* Power tool use
* Chemicals and chemical reactions
* Battery safety
* Machine shop use and safety
* Laser cutter, exhaust and ventilation
* Laser use
* Soldering
* Pressure vessel safety

[**Team Safety Plan Rubric**](https://docs.google.com/a/rice.edu/document/d/1z0cPJjIdLjyCl0ZN2jEG05McXj1cQcQt9rUGZp8xBIE/edit?usp=sharing)

Project Specific Safety Plan

Team XXX

DATE

**Project Description:** *2-3 sentences*

**Team Members:**

*Name,email*

**Faculty Advisors:**

*Name,email*

**Technical Experts/Advisors:**

*Name,Email*

**Accident Reporting Expectations for OEDK:**

**What to do in case of emergency***:*

**Hazard Analysis and mitigation plan:**

Machining (machine shop or hand tools):

|  |  |  |
| --- | --- | --- |
| **Work Task** | **Potential Hazards** | **Preventive Actions (PPE, etc)** |
| *Ex: Drilling* | *Flying debris* | *Wear*[*Eye protection*](http://safety.blr.com/topic.cfm/topic/96/state/155) |
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Additional Notes on hazard mitigation in this area:

Individual responsible for ensuring that team complies with safety plan and all OEDK safety rules in this area: *(include name and cell number where they can be reached)*

Faculty Safety Reviewer: name, signature and date

Electronics:

|  |  |  |
| --- | --- | --- |
| **Work Task** | **Potential Hazards** | **Preventive Actions** |
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Additional Notes on hazard mitigation in this area:

Individual responsible for ensuring that team complies with safety plan and all OEDK safety rules in this area: *(include name and cell number where they can be reached)*

Faculty Safety Reviewer: name, signature and date

Chemicals:

|  |  |  |
| --- | --- | --- |
| **Work Task** | **Potential Hazards** | **Preventive Actions** |
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| --- | --- | --- |
| **Chemicals to be used, quantities, any safety concerns** | **Potential Hazards** | **Preventive Actions** |
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Additional Notes on hazard mitigation in this area:

Protocols for any chemical work must be prepared for review by faculty expert prior to moving forward. They must be attached to this document

Individual responsible for ensuring that team complies with safety plan and all OEDK safety rules in this area: *(include name and cell number where they can be reached)*

Faculty Safety Reviewer: name, signature and date

Large Building projects:

|  |  |  |
| --- | --- | --- |
| **Work Task** | **Potential Hazards** | **Preventive Actions** |
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|  |  |  |

Additional Notes on hazard mitigation in this area:

Individual responsible for ensuring that team complies with safety plan and all OEDK safety rules in this area: *(include name and cell number where they can be reached)*

Faculty Safety Reviewer: name, signature and date

Other Hazards:

|  |  |  |
| --- | --- | --- |
| **Work Task** | **Potential Hazards** | **Preventive Actions** |
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Additional Notes on hazard mitigation in this area:

Individual responsible for ensuring that team complies with safety plan and all OEDK safety rules in this area: *(include name and cell number where they can be reached)*

Faculty Safety Reviewer: name, signature and date