MSci Project PHYS4015/4024

Safety and Training Documentation Checklist

Project Title: Approximating quantum many-body grand states with quantum circuits

Students: Nicholas Synesi, Luca Ion

Supervisor(s): Adam Smith

Module Convenor for this project (underline): Prof Kent/Dr Benedict/Prof Merrifield/Dr Potapov/Prof Green

Documentation	**Required**	**Date Added**	**Assessor or Supervisor Signature**	**Convenor Signature**
Project Plan	✓		[redacted]	
Risk Assessment	✓		[signature]	
The following apply specifically to experimental projects				
Laboratory based working: supervision agreement form				
COSHH Assessment				
Laser Training				
Safety Review (all projects: PHYS4015; before Easter PHYS4024; January)	✓		[redacted]	
Revised Risk Assessment				
COSHH Assessment				

Notes:

- This cover page should be kept with other relevant documents and should be available for update or inspection at all times.
- You should keep original documents for update but copies should be submitted to convenors.
- Additional copies will be kept and filed by staff in the laboratory where work is carried out.
- A tick in the 'required' column indicates that such a document is mandatory for this project.
- The list of documents is not exclusive; other documentation may be added e.g. specific training.
- A safety review will be required for all projects before the Easter Vacation.
- The signature of safety assessor or supervisor is required when a safety document is submitted to them for assessment.
- The convenor's signature will be appended when the documents are inspected as part of a regular meeting.
- Although this aspect of the project is not assessed, the convenors will deduct 5% from the module mark for non-completion of documentation.

RISK ASSESSMENT FORM

BRIEF DESCRIPTION OF ACTIVITY	Working on project - approximating quantum many-body ground states with quantum circuits		SCHOOL/ DEPARTMENT		Physics and Astronomy	LOCATION	
ASSESSOR (Name/Signature)	ADAM SMITH	Smith	DATE		COUNTERSIGNATURE (Responsible Person/ Supervisor)		

ASSOCIATED HAZARD/S	TYPE OF POSSIBLE INJURY	EXISTING RISK-CONTROL MEASURES	HAZARD RATING (SEVERITY OF HARM)	RISK FACTOR (LIKELIHOOD OF EVENT)	EXTENT (NUMBER OF PEOPLE AFFECTED)	RISK RATING	FURTHER REMEDIAL MEASURES REQUIRED FOR RISK RATINGS >3
List the significant hazards associated with each subject (e.g., electricity, petrol, fumes, noise, dust, etc.)	Give a brief statement for each hazard (e.g., cut hand, eye damage, chronic illness)	List for each hazard the control procedures, equipment and devices currently used. (e.g. specific PPE, systems of work etc.)	Enter for each hazard 1(Slight) to 3(Major)	Enter for each hazard 1(Low) to 3 (High)	Enter for each hazard 1(1-10 persons) to 3(whole department)	Enter for each hazard (Hazard Rating x Risk Factor x Extent)	Give brief statement of further remedial actions taken. Risk Rating > 3 - Assessor to action Risk Rating > 6 - Safety Officer to be consulted
Computer / Laptop Screen	Eye-strain / fatigue	Avoid working at a screen for long periods of time	1	1	1	0	N/A
						0	
						0	