

The MANCHESTER METROPOLITAN UNIVERSITY
Faculty of Science and Engineering
RISK ASSESSMENT COVER SHEET

REFERENCE NUMBER: NPC / 270918 / JDE1.49			
SCHOOL: Computing, Mathematics & Digital Technology			
TITLE OF WORK: CMT Projects involving software development only including Virtual Reality (VR) headsets			
LOCATION OF WORK: John Dalton Building computing facilities, computers at student's own home etc.			
INTENDED ACTIVITIES (attach methods sheets (e.g. standard operating practices) and work schedules to this form): General use of computers to develop and test software. Method sheets and work schedules not applicable.			
PERSONS AT RISK (list names of all individuals (including status e.g. staff/student), and/or unit(s) / course(s) undertaking the activity. For students please indicate course and level, for staff give contact email / phone number): Undergraduate students.			
HAZARDS (provide a summary of the hazards anticipated and attach detailed assessments with appropriate risk control methods to this form): Repetitive Strain Injury – work related upper limb disorder Back injury resulting from improper posture Eye strain Fatigue Stress Possible risk from 240v electrical mains supply VR headset: risk of colliding with surroundings when wearing headset – risk is minimized by using headset under supervision only. VR headset: risk of temporary dizziness or motion sickness – users should be instructed to remove headsets at the first sign of dizziness or sickness. <i>Are these hazards necessary in order to achieve the objectives of the activity?</i> Yes Hazard Rating (delete as appropriate): Low			
HAZARDOUS SUBSTANCES/MATERIALS USED AND HAZARD CLASSIFICATION (appropriate COSHH data sheets / risk assessments must be attached to this form): ALL CONTAINERS OF HAZARDOUS SUBSTANCES SHOULD BEAR CORRECT HAZARD WARNING LABELS.			
NAME OF MATERIAL <i>Please provide also approximate quantity and concentration if applicable.</i>	HAZARD CLASS	HAZARD LABEL	DISPOSAL <i>Hazardous materials must not be removed from laboratories. List disposal arrangements for <u>all</u> materials listed below in the location where <u>the work will be</u></i>

			<u>carried out:</u>

RISK CONTROL METHODS (provide a summary of the hazards anticipated and attach detailed assessments with appropriate risk control methods to this form):

The hazards identified above are controlled by:

Facilities review when laboratories are commissioned

Induction session on H&S given to students by Technical Services Manager

School H&S information given in Student handbook

Posters in laboratories

PAT testing of equipment after three years

Annual H&S inspections

VR headsets to be used under supervision only, and to be removed if the users feels any dizziness or motion sickness.

The laboratory workstations, whilst not legally required to be DSE compliant, (the continuous usage is too low to present risk) are fully compliant with current legislation. Monitors and keyboards are adjustable, chairs are adjustable and the lighting designed for both computer usage and associated reading activity. In each laboratory, there is an adjustable desk, suitable for wheelchair users, usually located in the next to the door.

Hazard Rating with Control Methods (delete as appropriate): **Low**

Will any specific training be required (if YES give details)? N/A

Are there any specific first aid issues (if YES give details)? N/A

PROCEDURE FOR EMERGENCY SHUT-DOWN (if applicable):

In the event of fire, flood or other emergency, evacuation of the laboratory would take place and the technical staff would subsequently make an assessment of the necessity of switch-off. As overall system control is vested in a separate server room, there would be little physical harm to any device in directly cutting the power to the mains for each individual lab.

Re-start of the lab may present problems of a technical nature but would not affect the personal safety or health of any individual.

IF OFF-SITE INDICATE ANY OTHER ISSUES (e.g. associated with: individual's health and dietary requirements (obtain off-site health forms for all participating individuals and indicate where this information will be located); social activities, transportation, ID requirements; permissions for access and sampling).

Not applicable – this form applies only to the laboratories listed

	NAME	STAFF/STUDENT No.	DATE
Originator	Nicholas Costen	01900261	27/09/18
Supervisor	N/A		
Technical Manager			
Divisional / School Health and Safety Coordinator (p.p. HoS)			

DATE TO BE REVIEWED BY: September 2019