

Factor	Answer	Things to Consider	Record details here
Has the checklist covered all the problems that may arise from working with the VDU?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Are you free from experiencing any fatigue, stress, discomfort or other symptoms which you attribute to working with the VDU or work environment?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Any aches, pains or sensory loss (tingling or pins and needles) in your neck, back shoulders or upper limbs. Do you experience restricted joint movement, impaired finger movements, grip or other disability, temporary or permanently	NO SUCH ISSUES
Do you take adequate breaks when working at the VDU?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Periods of two minutes looking away from the screen taken every 20 minutes and longer periods every 2 hours  Natural breaks for taking a drink and moving around the office answering the phone etc.	I AM FAR-SIGHTED SO I AM IN THE HABIT OF RESTING PERIODICALLY TO PREVENT EYE STRAIN
How many hours per day do you spend working with this computer?	<input type="checkbox"/> 1-2 <input checked="" type="checkbox"/> 3-4  <input type="checkbox"/> 5-7 <input type="checkbox"/> 8 or more		
How many days per week do you spend working with this computer?	<input type="checkbox"/> 1-2 <input checked="" type="checkbox"/> 3-5  <input type="checkbox"/> 6-7		
Please describe your typical computer usage pattern	CONTINUOUS USAGE FOR 1-1.5 HRS WITH BREAKS TO REST EYES		

**Student Declaration and Academic Approval****Student Declaration:**

I have completed the DSE Workstation Checklist and the Supplementary Questions for my computer-related risk assessment for 4YP Project Number indicated below:

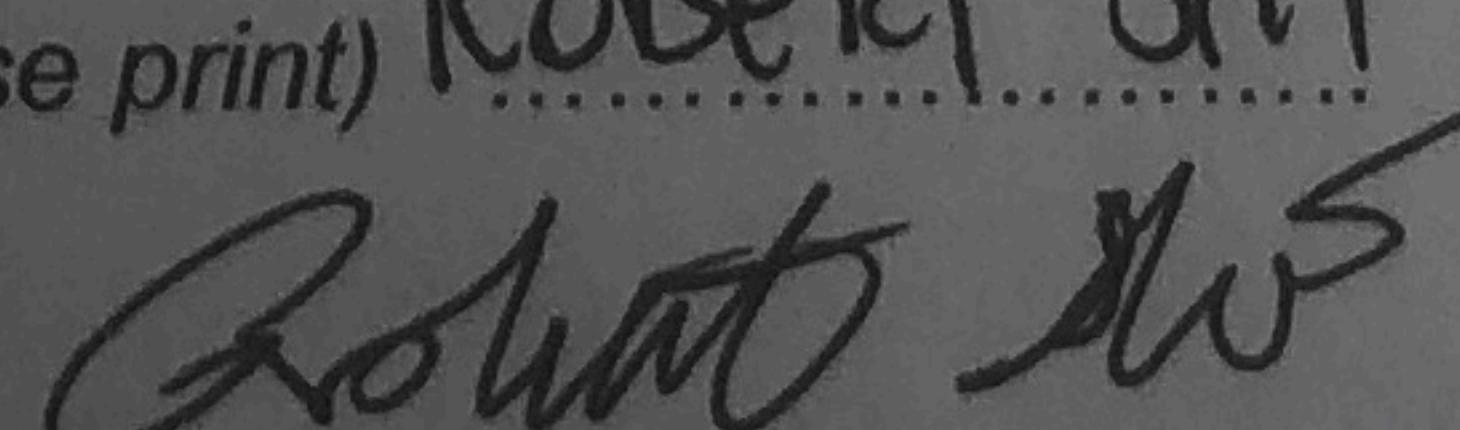
4YP Project Number:

11847

4YP Student's Name (please print)

ROBERT SHI

4YP Student's Signature:

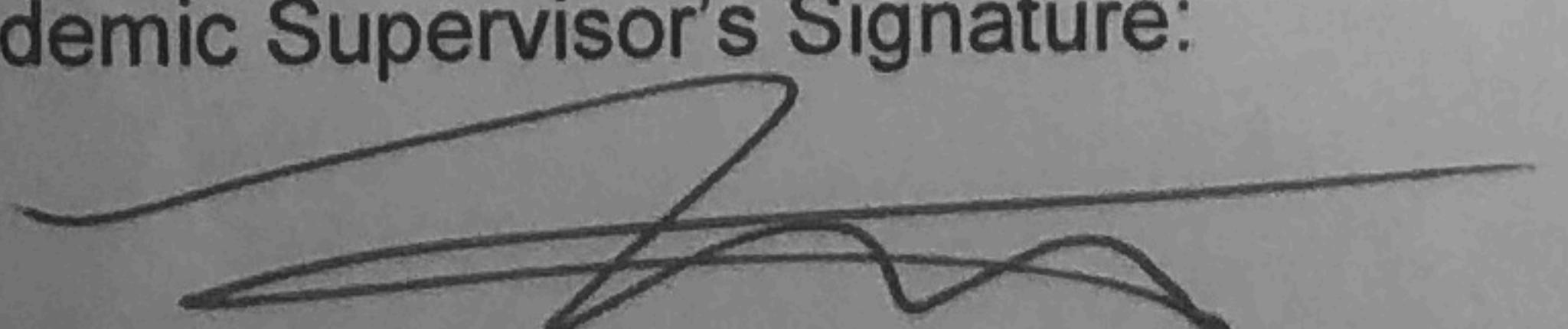

**Academic Approval**

I confirm my approval of this 4YP DSE Risk Assessment.

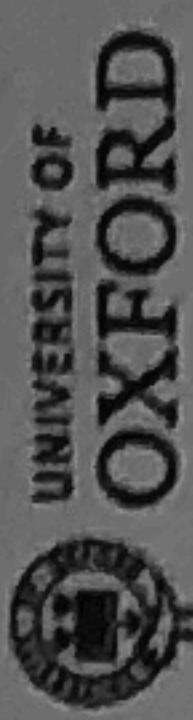
Academic Supervisor's Name: (please print)

JOANNIS HANOUTIS

Academic Supervisor's Signature:



## 4YP Risk Assessment



<b>Description of 4YP task or aspect being risk assessed here:</b> (Read the Guidance Notes before completing this form)		4YP Project Number:	
<b>MOTION PLANNING FOR MOBILE ROBOT NAVIGATION USING HUMAN SUPPORT ROBOT</b>		11847	
Site, Building & Room Number:	Approx size of equipment/apparatus used or built (in metres):		
OXFORD ROBOTICS INSTITUTE	Height: 1 - 1.35 Width: 0.43 - 0.6 Length: 0.43 - 0.6		
Assessment undertaken by: ROBERT SHI	Signed:		
Assessment Supervisor: IOANNA HAVARISI	Signed:		

## Assessing the Risk\*

You can do this for each hazard as follows:

- Consequences:** Decide how severe the outcome for each hazard would be if something went wrong (i.e. what are the Consequences?) Death would be "Severe", a minor cut to a finger could be regarded as "Insignificant".
- Likelihood:** How likely are these Consequences to actually happen? Highly likely? Remotely likely, or somewhere in between?
- Risk Rating:** Start at the left of the coloured Matrix. On your chosen Consequences row, read across until you are in the correct Likelihood column for the hazard in question. For example, an outcome with Severe consequences but with a Low probability of actually happening equates to a Medium risk overall. In this case "Medium" is what should be written in the Risk.

		LIKELIHOOD (or probability)			
		High	Medium	Low	Remote
CONSEQUENCES	Severe			Medium	Low
	Moderate			Medium/Low	Effectively Zero
	Insignificant	Medium/Low	Low	Low	Effectively Zero
	Negligible	Effectively Zero	Effectively Zero	Effectively Zero	Effectively Zero

Hazard (potential for harm)	Persons at Risk	Risk Controls In Place (existing safety precautions)	Risk*	Future Actions identified to Reduce Risks (but not in place yet)
HUMAN COLLISION WITH ROBOT	SELF AND OTHERS	- ROBOT COMES WITH REMOTE STOP BUTTON - WORK WITH SUPERVISION WHEN ROBOT IS IN OPERATION	LOW	- PROJECT INVOLVES MOTION PLANNING TO AVOID COLLISIONS. RISK DIMINISHES WITH PROJECT PROGRESS
INJURY DUE TO PROLONGED LAPTOP USE	SELF	- FOLLOW GUIDELINES OUTLINED IN COMPUTER USAGE RISK ASSESSMENT Pg 10	Med/ Low	- USE YELLOW - page 1 SHIFT TO REDUCE EYE STRAIN