

FNES / Ocean & Earth Science: General Risk Assessment Form

This form must be used in conjunction with the Risk Assessment Guidance Notes and Hazard Checklist *available on NOCSNET H&S section Version 2.3 (Jan 2017)

Faculty / Service / Academic Unit / Team / Department: <i>(see Note 1)</i>	FNES /OES / Tech / Boat Group	Location / Room Number / Map Reference:	Ocean & Earth Science Research Vessels
RISK ASSESSMENT TITLE <i>MAIN ACTIVITY</i>	Discover Oceanography		
Briefly describe the 'tasks' being assessed:	Manual deployment of small handheld instruments. Use of deck equipment to deploy and recover instruments and sampling equipment		
Other assessments, documents or considerations which might also be required:	All operations are to undertaken in accordance with the Vessel Domestic Safety Management System		

THESE ARE SUMMARY GUIDELINES ONLY.

THIS FORM MUST BE USED IN CONJUNCTION WITH THE FULL GUIDANCE NOTES AND THE HAZARD CHECKLIST AVAILABLE FROM YOUR SUPERVISOR.

List (in column b below) the individual tasks associated with the activity being assessed. Use the hazard checklist to help identify the hazards that may be encountered when undertaking each task (list each one in column c). Next, identify who might be affected (e.g. yourself, other students, staff, others, or even members of the public) and indicate what level of harm might arise from that particular hazard. You can use the 'SEVERITY' rating to help with this and don't forget that additional consideration may be required for special groups. If you're completing a new assessment and there are no control measures in place, say so in column f. If there are already control measures to reduce or remove the harm, such as wearing safety glasses in a lab, list them in column f. Finally, use the Risk Estimation Matrix (5x5 matrix) to assess the INHERENT RISK (if there are NO controls in place) or RESIDUAL RISK (if controls are already in place) and assign a HIGH, MEDIUM (MED) or LOW rating against that harm arising. You can list the 'severity' (1-5) and 'likelihood' (1-5) terms that you've used in the appropriate columns below. If the rating is LOW, then you can proceed with your activities once the assessment has been approved. If either the INHERENT or RESIDUAL risks are STILL rated as MEDIUM or HIGH, then further control measures (or post assessment actions) will be required.

Discuss these measures with your supervisor or manager and re-assess if necessary.

IF THE RISKS FOR ANY OF THE HAZARDS IN THE TABLE IS DEEMED TO BE HIGH, WORK MUST NOT PROCEED UNTIL FURTHER CONTROLS ARE PUT IN PLACE.

IDENTIFICATION OF REASONABLY FORESEEABLE HAZARDS <i>(see Notes 2i & 2ii)</i>				INDICATE CONTROL MEASURES IN PLACE & EVALUATE THE INHERENT OR RESIDUAL RISKS <i>(see Notes 3i & 3ii)</i>							
Reference (a)	Task / Aspect of Work. <i>(b)</i>	What are the hazards? <i>Refer to checklist</i> <i>(c)</i>	Who might be harmed and how could that harm arise? <i>(i.e. Who, how and nature of harm)</i> <i>Any special considerations? (d)</i>	SEVERITY 1-5	LIKELIHOOD 1-5	INHERENT RISK (e)	What are you already doing? <i>List existing measures to control risk.</i> <i>(f)</i>	SEVERITY 1-5	LIKELIHOOD 1-5	RESIDUAL RISK (g)	Further Controls Required? <i>(YES/NO)</i>
H02	RECOVERY OF DREDGE OR TRAWL, USING CAPSTAN. LOAD SUSPENDED VIA SHEAVE BLOCK WHICH IS ATTACHED TO THE "A" FRAME AND RAISED/LOWERED FROM CAPSTAN	HEAVING AND VEERING ROPE WOUND ON CAPSTAN DRUM.	CAPSTAN OPERATOR & OTHERS IN THE VICINITY CLOTHING OR FINGERS CAUGHT UNDER ROPES				KEEP AREA CLEAR OF ALL EXCEPT ESSENTIAL STAFF. ONLY COMPETENT CREW OR OPERATOR MUST OPERATE CAPSTAN. ENSURE LOOSE CLOTHING AND JEWELLERY, INCLUDING RINGS WITH LARGE PROTRUSIONS, IS NOT WORN. LONG HAIR IS TO BE TIED BACK SO THAT IT CANNOT GET CLOSE TO ROTATING PARTS. ENSURE CAPSTAN IS KEPT IN GOOD WORKING CONDITION BY REGULAR MAINTENANCE AND CLEANING. SUITABLE PROTECTIVE CLOTHING MUST BE WORN – STEEL TOE CAP FOOTWEAR, BOILER SUITS OR EQUIVALENT NOTE THE CAPSTAN IS UNLIKELY TO BE USED EXCEPT FOLLOWING FAILURE OF THE VESSEL WINCH AND A FRAME SYSTEMS.	2	2	LOW	TOOLBOX TALK BEFORE COMMENCING OPERATION. CAUTION AND VIGILANCE TO BE EXERCISED AT ALL TIMES.
H07, H17	DURING TRAWL AND DREDGE OPERATIONS.	RISK OF EQUIPMENT BECOMING SNAGGED ON SEABED OR SNAGGING OF GEAR ON HULL, RUDDERS AND PROPS AND CREATING EXCESSIVE LOAD	DECK CREW AND OTHERS IN THE VICINITY. FAILURE OF A FRAME, WINCH WIRE OR SHEAVE BLOCK				CREW PPE MUST INCLUDE LIFEJACKETS AND HARD HATS. ALL PASSENGERS TO BE REMINDED NOT TO STAND DIRECTLY BELOW THE WINCH WIRE AND REMAIN FORWARD OF DECK CHAIN. ALL EQUIPMENT IS LIGHTWEIGHT WITH REGARD TO SWL.	4	1	LOW	

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Reference (e)	Task / Aspect of Work. <i>(b)</i>	What are the hazards? <i>Refer to checklist</i> <i>(c)</i>	Who might be harmed and how could that harm arise? <i>(i.e. Who, how and nature of harm)</i> <i>Any special considerations? (d)</i>	SEVERITY 1-5	LIKELIHOOD 1-5	INHERENT RISK (e)	What are you already doing? <i>List existing measures to control risk.</i> <i>(f)</i>	SEVERITY 1-5	LIKELIHOOD 1-5	RESIDUAL RISK (g)	Further Controls Required? <i>(YES/NO)</i>
H02	DEPLOYMENT OF GEAR EITHER MANUALLY	SNAGGING OF GEAR ON HULL, RUDDERS AND PROPS	ALL PERSONS ABOARD. ENTANGLEMENT AS CABLES BECOME TIGHT				HELMSMAN TO POSITION VESSEL SO GEAR DRIFTS CLEAR, FOLLOWING ASSESSMENT OF CONDITIONS (TIDE, WIND, ETC) AND AREA OF OPERATION. VESSEL SPEED TO BE KEPT TO A MINIMUM OR STATIONARY.	2	1	LOW	
H07, H08, H11	RECOVERY OF DREDGE OR TRAWL, USING CRANE.	LOADS SUSPENDED AND MOVED WITH DECK CRANE AND "A" FRAME AND WINCH. POSSIBLE FAILURE OF EQUIPMENT OR COMPONENTS	DECK CREW AND OTHERS IN THE VICINITY LOADS SWINGING AND STRIKING DECK CREW				COMPETENT CRANE DRIVER MUST ASSESS SEA STATE IMPACT ON TASK BEFORE PROCEEDING. A FRAME IS TO BE OPERATED ONLY BY TRAINED AND EXPERIENCED OPERATORS. ENSURE NO UNAUTHORISED PERSONNEL ENTER THE REAR DECK AREA (RED ZONE)*. ENSURE ALL PERSONS STAND CLEAR OF THE AREA BELOW LOADS, WINCH CABLES AND CRANE. KEEP AREA CLEAR OF ALL EXCEPT ESSENTIAL STAFF. ALL KEY LIFTING POINTS AND EQUIPMENT SHOULD HAVE A VALID TEST CERTIFICATE. APPROPRIATE PPE SUCH AS SAFETY SHOES, HARD HATS AND OVERALLS SHOULD BE WORN. SUSPENDED LOADS SHOULD BE KEPT AS LOW AS POSSIBLE AT ALL TIMES. NOTE THE CRANE IS UNLIKELY TO BE USED EXCEPT FOLLOWING FAILURE OF THE VESSEL WINCH AND A FRAME SYSTEMS.	3	1	LOW	
H13, H38	MANUAL HANDLING OF TRAWL CONTENTS AND SEDIMENT SAMPLES	MUSCULO-SKELETAL INJURY, CUTS, ABRASIONS AND IMPACTS CAUSED BY POOR LIFTING TECHNIQUE OR MOVEMENTS OF VESSEL.	CREW AND DEMONSTRATORS	3	2	LOW	ASSESS CONDITIONS BEFORE COMMENCING LIFT. SHARING OF LOAD AS NECESSARY	3	1	LOW	
H15	AT ALL TIMES	MUSCULO-SKELETAL INJURY, CUTS, ABRASIONS AND IMPACTS.	ALL PERSONS ABOARD. SLIPPING ON WET SURFACES. TRIPPING OVER EQUIPMENT ON DECK AND IN THE LABS.	2	3	LOW	ENSURE A HIGH STANDARD OF HOUSEKEEPING IS MAINTAINED. KEEP WALKWAYS FREE OF OBSTRUCTIONS AND SPILLAGES. ENSURE ALL VISITORS ARE MADE AWARE OF THE POTENTIAL HAZARDS. AS FAR AS IS WORKABLE DUE TO VESSEL CONSTRAINTS, STORAGE AND WORK AREAS ARE TO BE KEPT SEPARATE. ENSURE THAT THERE IS ADEQUATE HEATING, LIGHTING AND GENERAL VENTILATION. WEARING OF NON-SLIP, FLAT FOOTWEAR IS HIGHLY RECOMMENDED.	2	2	LOW	
H19	AT ALL TIMES	HAZARDS ASSOCIATED WITH INEXPERIENCED PERSONS BEING ABOARD.	ALL PARTICIPANTS AND VISITORS. HAZARDS AS DETAILED ELSEWHERE	3	2	LOW	ENSURE HAZARDOUS TASKS ARE RESTRICTED TO AUTHORISED PERSONNEL ONLY. THE PRE-DEPARTURE SAFETY VIDEO IS TO BE PLAYED TO ALL PASSENGERS, PRIOR TO THE VESSEL SAILING. ENSURE ALL ACTIVITIES ARE CLOSELY SUPERVISED BY APPROPRIATELY TRAINED CREW OR DEMONSTRATORS.	3	1	LOW	

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H28	WORKING ON DECK	EXPOSURE TO WEATHER EXTREMES	ALL PERSONS ABOARD SEVERE CHILL OR HYPOTHERMIA IN COLD WEATHER WHILST EXPOSED TO WIND CHILL. HEAT STROKE OR HYPERTHERMIA WHILST EXPOSED TO HIGH SUNLIGHT LEVELS AND/OR HIGH TEMPERATURES.	2	2	LOW	CREW TO ENSURE ALL PERSONS ARE MADE AWARE OF HAZARD DURING BRIEFING AND TO OFFER ADVICE ON HOW TO MINIMISE RISK. CREW TO MONITOR PARTICIPANTS WHILST ABOARD AND WATCH FOR SIGNS OF OVER EXPOSURE TO COLD OR SUN. SESSIONS FOR GROUPS AGED 17 YEARS OR BELOW ARE NOT TO BE ARRANGED TO TAKE PLACE DURING DECEMBER OR JANUARY.	2	1	LOW	VESSEL IS ALWAYS CREWED BY A MINIMUM OF ONE PERSON WHO HOLDS A "MEDICAL 1ST AID ABOARD SHIP" OR EQUIVALENT CERTIFICATE. JOINING INSTRUCTIONS SPECIFICALLY MENTION THESE HAZARDS.
H30	PREPARATION OF DRINKS	SCALDING DUE TO SPILLAGE	ALL PERSONS ABOARD	2	3	LOW	KETTLES AND BOILERS DESIGNED AND INSTALLED TO BE STABLE AT SEA. ENSURE CUPS ARE NOT OVERFILLED. BRIEFING TO INCLUDE AWARENESS OF LIKELY VESSEL MOTION.	2	2	LOW	
H36, H42	DEPLOYMENT OF EQUIPMENT OVER THE STERN OR GUNWHALES	FALLING OVERBOARD	ALL PERSONS DEPLOYING EQUIPMENT				PERSONS DEPLOYING EQUIPMENT OVER THE GUNWHALES ARE NOT REQUIRED TO WEAR LIFEJACKETS UNLESS INSTRUCTED TO DO SO BY A MEMBER OF THE CREW. ONLY THOSE PERSONS AUTHORISED TO DO SO MAY ENTER THE "RED ZONES". ALL PERSONS ARE REQUIRED TO WEAR LIFEJACKETS WHEN WORKING IN AREAS WHERE THE HAND RAILS HAVE BEEN LOWERED ALL PERSONS ARE REQUIRED TO WEAR LIFEJACKETS WHEN INSTRUCTED TO DO SO BY A MEMBER OF THE CREW EQUIPMENT IS ONLY TO BE DEPLOYED ONCE PERMISSION OF THE HELMSMAN HAS BEEN GRANTED. SAFETY BRIEFING AND VIDEO SPECIFICALLY MENTION THESE HAZARDS	4	1	LOW	

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H46	AT ALL TIMES	SEA SICKNESS	ALL PERSONS ABOARD FEELING UNWELL, AND ASSOCIATED CONSEQUENCES	2	3	LOW	ALL VESSEL CREW ARE FIRST AID TRAINED. SITUATION WILL BE ASSESSED AND APPROPRIATE ACTION TAKEN.	1	3	LOW	VESSEL IS ALWAYS CREWED BY A MINIMUM OF ONE PERSON WHO HOLDS A "MEDICAL 1ST AID ABOARD SHIP" OR EQUIVALENT CERTIFICATE

TAB TO THE END OF TABLE TO INSERT NEW ROWS

Ref	Further Controls or Post Assessment Actions required <i>(see Note 4)</i>	Action by whom?	Action by when?

ASSESSOR & SUPERVISOR / MANAGER TO COMPLETE *(see Note 5)*

ASSESSOR: SIGNED	Gary Fisher	PRINT NAME		DATE	
DECLARATION BY RESPONSIBLE SUPERVISOR / MANAGER: I confirm that this is a suitable and sufficient risk assessment for the above work task / activity.					
SIGNED	Stephen Hayward	PRINT NAME		DATE	
ANNUAL REVIEW (OR WHEN ACTIVITIES CHANGED OR MODIFIED) Assessment reviewed on <i>(Date and reviewer initials – see Note 6)</i>					

All personnel working on the task: *I have read and understood the information contained in this Risk Assessment and agree to implement (or abide by) the safety controls indicated and will report to the responsible manager any incidents that occur or any shortcomings that I find in this assessment.*

Name	Signature	Date	Name	Signature	Date

