

Appendix 12.

Approval of unaccompanied laboratory work outside normal working hours (Monday-Friday 07:00-18:30, excl. public holidays) at the Department of Biosystems and Technology

<i>Task/description/location where task is to be performed:</i>
<i>Risk(s):</i>
<i>Risk assessment regarding consequences (low 1-2, moderate 3-5, high 6-8, very high 9-10):</i>
<i>Risk assessment regarding probability (very low 1-2, low 3-5, moderate 6-8, high 9-10):</i>
<i>Risk value (Consequence x Probability): unless extraordinary circumstances exist, unaccompanied work outside normal working hours should be avoided where the risk analysis indicates a value equating to a <i>high</i> or <i>very high</i> risk in terms of consequences and/or a <i>risk value</i> above 30.</i>
<i>Reasons why unaccompanied work needs to be performed outside normal working hours:</i>

I hereby certify that I am aware of the risks inherent in the task in question, that I am aware of and comply with the department's procedures and that I have sufficient knowledge of how the work is to be performed.

Signature: _____ Date: _____

As head of department, I hereby grant approval for the above unaccompanied work to be performed and confirm that the above named individual has been informed of the department's procedures for unaccompanied working.

Signature: _____ Date: _____