

**SCHOOL OF CHEMISTRY
APPARATUS RUNNING OUTSIDE WORKING HOURS**

Description	
Laboratory:	Date(s):

Questionnaire:

- | | |
|---|-------|
| 1. Has a Risk Assessment been conducted? | Y / N |
| 2. Has the level of risk been assessed? Must be below HIGH. | Y / N |
| 3. Are appropriate risk reduction measures in place? | Y / N |
| 4. Are emergency procedures in place where required? | Y / N |

INSTRUCTIONS FOR SHUTTING DOWN	
ELECTRICITY	
GAS	
OTHER	
SPECIAL HAZARDS / OTHER INFORMATION	
Signature of Operator	Signature of Authorising Staff Member
Phone (Dept.)	Phone (Dept.)
Phone (Private)	Phone (Private)

Esther McConnell Safety Officer
Phone x 44027 Mobile 0401 171 097

If apparatus is found to be malfunctioning it should be shut down!