**Health and Safety Committee**

**Tuesday 10th March 2020**

**Minutes**

**Chair:** Tom Hase [TH] **Minutes:** Sharon Sandhu [SS]

**Present**: David Leadley [DL], Katherine Branch [KB], Rob Johnston [RJ], Alan Burton [AB], David Walker [DW], John Horsler [JH], Vasily Kantsler [VK], Emma MacPherson (EM) and Sam Seddon (SS).

1. **Apologies**

Apologies were received, John Duffy [JD], Jeanette Weston [JW], Susan Burrows [SB], Julie Brannon [JB], Thomas Orton [TO], Stephen York [SY], Caroline Farren [CF] and Monica Ciomaga-Hatnean (MC).

1. **Statement of any conflicts of interest**

None

1. **Approval of minutes of the last meeting**

Approved

1. **Matters Arising and review of actions**

The issue that John Bomphrey previously went into spaces that he was not allowed to has now been resolved.

Membership roles have been given to all the individuals’ part of the health and safety committee (item 4.3 in the previous minutes).

**Action: It has been agreed in this meeting that the estates manager should attend the H&S committee meetings. Also, in the terms of reference and memberships of Departmental Health and Safety committees’ paper key point 5, it has been agreed that we need to ask what people in the committee meeting need to report back.**

JH sent EM the documents through for helping users to justify their choice and power of lasers used in experiments.

JH is the point of contact for allocation space for Vishal (item 5.1 in the previous minutes). JH spoke with BSI and identified what training courses they need to go on (item 5.2 in the previous minutes).

There is still an ongoing issue with estates regarding the emergency shower in P155.

The calibration monitors have been handed over to JB (In item 7.2. TH reported in the Faculty meeting that the training required is for the non-ionising UV).

1. **Chair’s business**
2. ***Any significant changes in Department***

**a. Notification of Contravention following HSE visit [JB]**

One significant change in the department non-ionising and ionising radiation is that HSE did not look in depth, as there were false systems in MS211. The class 3 and 4 lasers will operate in a box and therefore the individual will have to go into a laser space. HSE have stated that we need full guidelines for this. Open beam situations are not seen as good practice. Currently, there are no assigned technicians available for these areas.

**Action: We need to check if technicians will be available for these areas.**

This is HSE contravention JB stated. It will be the consequence on the PI and insurance if people don’t follow this properly. We need to make steps to fix this.

**Action: We need to ask the space owners to think of a plan of how to look after their spaces and report to EM before the next mini meeting. An appropriate justification is required.**

1. ***Communications Received from UHSEC, UHSC, etc.***

**a.Papers from UHSC [CF]**

No significant changes in this legislation.

**b. Receive updates on any changes in H&S legislation [CF]**

Tanks in the yard will be replaced but date not known. Liquid decant and ? supply.

1. ***Reports from H&S co-ordinators***

**a.Technical Services and asset management [RJ/KB]**

Lifting equipment - added to the additional hoister document

All equipment has been changed

Report through the cylinders soon we are expected

Water hygiene - low usage assets

LEVs

Additional 10 oxygen sensors purchased. We now need to know where they need to be fixed. A 5 year life sensor has been agreed. There should be one in every lab.

**b.Machinery [JW]**

John Hobson carried out full equipment inspection and a number of issues have been raised. There are approximately 45-50 actions ranging between low, medium and high.

**Action: When JW returns, we need to hold a meeting to discuss BSI inspection. KB stated that all costs need to be calculated. There were 3 items classed as high and therefore we might need to be scrap the actual item and maybe renew.**

**c.Non-ionising radiation [EM]**

**Action: This is still outstanding with EM**

**d.Ionising Radiation [JD]**

JD sent an email through.

**Action: JH spoke to JB, who said a formal audit in physics with RTP is required for next month.**

**e.Chemicals and chemical storage [MC]**

MC had a meeting with JH regarding P155. Lab rules will be set for P155 that will cover wearing lab coats, carrying out risk assessments. We will be throwing 300 chemicals away in P155 as they are old.

**f.Bio hazards [VK]**

VK stated for lab 126 all harmful chemicals have been saved on the shared drive. There are no class 2 substances.

**Action: VK needs to check the policy document for Biohazards.**

**g.Gas cylinders and associated equipment [TO]**

**Action: TO has not tested the nitrogen duers they need revalidating. Need to sort out the duers - the old ones need to be binned.**

1. ***Meeting specific topics***

***a.* Chemical Inventory Update [JH]**

**Action: Still some chemical inventories are outstanding from Michael Staniforth, Susan Burrows, Steven Dixon and Duncan Brealey.**

**b. HAZOPs and BA team [JB/JH]**

Absence of BA team - area to be vented

Presence of BA team - able to turn off and isolate the cylinder

It all depends on the speed at which you lose the gas - What is the benefit of the BA team? Line between the units extracted gas cabinet and laser cabinet - sensor would have to get to a severe level to go off. Relocate the sensors - you would still need a BA team if you still have sensors.

DCS and ECS - lower pressure, pigtail, and more likely to fail

Gas panel in the cylinder - need to make improvement on this. If the risk assessment says we need a BA team we will.

**Action: If we have a BA team we need to know when to meet and practice. We also need to think of what the scenarios a BA team can face, and also the consequences of not having a BA team. We need to revisit the risk assessments with the space owners.**

1. **Items**

***i. Monitoring H&S objectives* [JH]**

**1. Inspections and close out**

JH has not carried out any risk assessments since last year November. Topic specific inspections - those that are the higher risk issues on campus.

**Action: System and procedural issues - need to have discussions of what systems we have in place. Business plan, training records, how they will function will be an ongoing discussion with CF.**

***2.* Audits and close out**

BSI came today, covering the central issues and estates maintenance. BSI won't be back in after 2½ years because they only visit after 3 years.

**Action: Visit each space more often - if topic specific see how each space is managed.**

***ii. Accidents and Incidents* [JB/JH]**

 ***1.* Report**

This is a working process. We can do this for audits and risk assessments.

 **Action: We need to monitor this tool. Review this in our mini meetings.**

The risk assessment module is a potential hazard. The issues with the incidents action

 dashboard are: not huge license, not sure how this will be managed and set up on the system.

 ***2.* Close out and remedial actions**

 ***iii. Update on Risk Assessments***

 TH has raised this. The central team have heard the risk assessment module is not fit for

 purpose. HSO will run a workshop for 12 people.

 ***iv. Update on Training***

 BSI have raised periodically of when people need to retrain and therefore go on refresher

 courses.

 Sam Seddon suggested there should be a cryogenics and lasers lab training. This training should

 be a 1 day training course that covers all of the lab training. It shouldn't matter if some

 individuals only use lasers and others use cryogenics. This 1 day lab training course will cover

 both aspects.

 **Action: Come up with a provisional impact module (10hrs training). Sam Seddon and JH to**

 **discuss this further, and bring this to the next meeting.**

**7. AOB:** please forward to the chair before the meeting

**8. Date of next meeting -** t.b.c. in June 2020