

**Proposed off-campus delivery location for UWTSD programme: site visit**

Please submit this form to [quality@uwtsd.ac.uk](mailto:quality@uwtsd.ac.uk), along with any **draft** contracts / Memoranda of Agreement or Understanding / quotes (if these have been updated since the AC6 form was approved)[[1]](#footnote-1), for consideration by the Curriculum Planning Group (CPG). The form must be signed by the Dean of the Institute.

The site visit may only proceed on CPG’s approval of the proposal and of nominated representatives to conduct the site visit (Appendix AC6).

**PART ONE: Overview of the proposal**

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| **Name and address of proposed delivery location** |  | |
| **Academic Discipline/Institute** |  | |
| **Date AC6 approved by Curriculum Planning Group (CPG)** |  | |
| **Names and job titles of the two nominees conducting this site visit** | **Nominee 1** |  |
| **Nominee 2** |  |
| If there has been a change in either of the nominees since the AC6 was approved by CPG, please account for this change here. |  | |
| **Names and job titles of staff contacts at the proposed delivery location** |  | |
| **Date of site visit** |  | |

**PART TWO: Verification of information provided by proposed delivery location**

**Provision of library services**

Please confirm that the provision has been verified against the delivery location’s commitments outlined in the draft MOA/MOU/contract (please type to expand the box as necessary):

1. Available electronic resources

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2. Opening times of physical library

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3. Description of location

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4. Nature of accommodation

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5. Accessibility within centre

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6. Nature and state of collection

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7. Any other observations

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**IT / computing facilities**

Please confirm that the provision has been verified against the delivery location’s commitments outlined in the draft MOA/MOU/contract (please type to expand the box as necessary):

1. Internet access

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2. Range of software and peripherals

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3. Any other equipment

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4. Any other observations

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**Facilities management / access**

Please confirm that the provision has been verified against the delivery location’s commitments outlined in the draft MOA/MOU/contract (please type to expand the box as necessary):

1. Is it clear which facilities are available to University staff and which to students?

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2. Are library and IT services and facilities supervised? If yes, by whom?

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3. Any additional and/or alternative arrangements to provide or augment library, information and learning support facilities?

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4. Any other observations

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**Other checks**

Please confirm that the following are in place, and note any observations (please type to expand the box as necessary):

The premises is covered by current Employers & Public Liability Insurance

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Professional Indemnity Insurance is in place

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There is a written Health and Safety Policy

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There is a fire risk assessment, which is currently valid

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There is information on how a fire can be detected and the alarm raised

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Fire extinguishers have been serviced within the last 12 months

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Appropriate risk assessments been completed relevant to tasks and activities to be undertaken on the University’s programmes

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The means for disabled persons to evacuate in an emergency

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Whether disabled persons can easily access the premises and travel between floors if necessary

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If there are car parking /close public transport facilities for disabled

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The procedure for reporting accidents and/or health and safety concerns

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The arrangements for providing first aid assistance

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The process for reporting defects and arranging repair of equipment/facilities

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The procedure for maintaining electrical equipment

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**PART THREE: Risk Assessment**

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| **RISK ASSESSMENT TITLE** | | |
| **UNIVERSITY STAFF WORKING IN 3rd PARTY LOCATIONS** | | |
| **RISK ASSESSOR NAME** | **UNIVERSITY INSTITUTE / DEPARTMENT** | **BRIEF DESCRIPTION OF ACTIVITY** |
| **MATT ANTHONY** | **UNIVERSITY AREAS WHOSE STAFF CARRY OUT ANY ASPECT OF THEIR ROLE IN 3RD PARTY LOCATIONS.** | **THIS RISK ASSESSMENT RELATES TO STAFF WHO CARRY OUT PROGRAMME DELIVERY ACTIVITIES OR ANY ASPECT OF THEIR ROLE DUTIES IN 3RD PARTY LOCATIONS ON AN AGREED, FORMAL AND REGULAR BASIS.** |
| **AUTHORISING LINE MANAGER** | **PERSONS AT RISK / POTENTIAL HARM** | **DATE(S) / LOCATION(S) OF ACTIVITY** |
| **CRAIG JONES** | **STAFF WORKING IN 3RD PARTY LOCATIONS.** | **AS PER INDIVIDUAL STAFF REQUIREMENTS.** |

**RISK RATINGS**

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|  | **Slightly Harmful** | **Harmful** | **Extremely Harmful** | **Descriptors** |
| **Likely** | **MODERATE RISK** | **HIGH RISK** | **HIGH RISK** | Likely = Will occur at some time |
| Unlikely = Not expected to occur |
| **Unlikely** | **LOW RISK** | **MODERATE RISK** | **HIGH RISK** | Highly Unlikely = Exceptional Occurrence |
| Slightly Harmful = Minor injury / illness. Basic First Aid only required. |
| **Highly Unlikely** | **LOW RISK** | **LOW RISK** | **MODERATE RISK** | Harmful = Significant injury / illness where medical treatment required. |
| Extremely Harmful = Significant ongoing, progressive or irreversible injury / illness |

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| **HIGH RISK** | Activity must not take place until control measures have been implemented. |
| **MODERATE RISK** | Further consideration to be given to reduce risk. |
| **LOW RISK** | No additional risk reduction measures required. Monitor existing controls. |

| **HAZARD** | **PRE-CONTROL**  **RISK** | **CONTROLS** | **RESIDUAL RISK** |
| --- | --- | --- | --- |
| **Lack of awareness of Health and Safety requirements** | **Moderate** | 1. Health and Safety processes and guidance available via Health and Safety intranet page. 2. All staff to complete mandatory basic Health and Safety awareness training. 3. A suite of specific Health and Safety training courses available for staff via Health and Safety intranet page. | **Low** |
| **Driving Risks** | **Moderate** | 1. Driving for Work policy followed for any staff who drive on University business to include:  * Those who drive on University business are to be registered as a University driver. * All minibus drivers are qualified to drive a minibus on behalf of the University. | **Low** |
| **Lone Working / Isolation / Personal Safety** | **High** | 1. University Lone Working policy in place. 2. Staff lone working whilst at 3rd party locations to be avoided where possible. 3. If lone working cannot be avoided staff to discuss lone working and personal safety arrangements at 3rd party locations with their line manager. 4. Suitable lone working safety controls to be put in place via Lone Working risk assessment. 5. Where personal safety concerns are identified then the line manager to discuss these with member of staff utilising the Personal Safety risk assessment template. | **Low** |
| **Fire Incidents** | **High** | 1. All staff to complete mandatory Fire Awareness training 2. All staff who work in 3rd party locations are to make themselves aware of that location’s fire safety arrangement to include fire evacuation routes and fire assembly points. 3. Staff to follow 3rd party location procedures in relation to fire alarm activations. 4. UWTSD staff not to carry out any activities with potential to cause fires in 3rd party locations without prior discussion and agreement with the host organisation. 5. Any electrical equipment brought and used by UWTSD staff to have been PAT tested by University Estates and Facilities team with visual inspection carried out by UWTSD staff. Any defective/ damaged equipment not to be used. | **Low** |
| **Lifting / Handling** | **Moderate** | 1. All UWTSD staff who are responsible for lifting / carrying items to have completed the University Lifting and Handling ELearning module. |  |
| **Slips, trips and falls** | **Moderate** | 1. Good standards of housekeeping maintained. 2. Trailing cables avoided. 3. Any spillages cleaned up promptly. 4. The size of groups and movement round the stand / stall assessed during the event. | **Low** |
| **Reporting of Accidents / Incidents** | **Moderate** | 1. All injury accidents, near misses or other safety related incidents that occur as part of UWTSD staff working at 3rd party locations must be notified via the University online reporting tool and reported to the host organisation. | **Low** |
| **Other Activity Hazards** |  | Include here any additional hazards not covered above that are relevant to the specific activities / tasks undertaken as part of the work at the 3rd party location. |  |
| **Other observations** |  |  |  |

**Document Control**

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| **Version:** | **Purpose of Issue / Revisions made:** | | **Approved:** | **Date:** |
| 1.0 | Draft for Approval | |  |  |
| 2.0 | Draft Approved | | Craig Jones | 18/07/24 |
| **Owner:** | | Matt Anthony | | |
| **Status:** | | Approved | | |
| **Applicable to:** | | UWTSD staff working at 3rd party locations | | |
| **Approve Date:** | | 18/07/24 | | |
| **Review Date:** | | 17/07/26 | | |
| **Published:** | | On Health and Safety intranet | | |

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| **Nominee 2** |  |
| **Date of site visit** |  | |

**PART FOUR: Confirmation of Dean of Institute**

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| **I confirm that:**   * the record of the site visit above is accurate to the best of my knowledge; * the Risk Assessment and the mitigating controls have been recorded accurately and have been verified; * accompanying documentation is attached; * the Institute’s senior leadership team supports this proposal. | **Signed (Dean of Institute)** |  |
| **Date** |  |

1. Please **do not** seek to enter into any formal agreement with the proposed delivery location until **both** the AC6 and AC7 forms have been approved by CPG and explicit permission has been granted. [↑](#footnote-ref-1)