

Work Experience Pupils – Health & Safety details

(for completion by host department and endorsement by sponsoring body)

See notes below:

School/Department:

Head of School/Department:

Supervisor:

Room No:

Telephone:

Alternate Supervisor

Room No:

Telephone:

Name of pupil:

How long is assessment valid for? (please circle) day week two weeks

Other (please specify)

Assessment date:

Start of work experience:

NATURE OF WORK

Description of type of work to be undertaken:

Hazards:

Agreed precautions, control measures and personal protective equipment (PPE) required:

N.B. All PPE must comply with the appropriate standard and be supplied or paid for by the sponsoring body, if unavailable in the department for loan

SIGNATURES

Supervisor:

Date:

Alternate Supervisor:

Date:

Authorised official of sponsoring body:

Date:

Completing 'Work Experience Pupils – Health & Safety details' form

1. The use of this form is mandatory.
2. The completed form does not constitute a full risk assessment under the 'Management of Health & Safety Regulations' or any other relevant regulations.
3. Assessments must be reviewed immediately following an accident/unsafe incident occurring.
4. Use must be made of existing University arrangements for specific aspects of control. You may need to discuss such aspects with your Area Safety Officer.
5. Completed forms must be kept (in a readily retrievable form) for six years.
6. In the event of an accident occurring involving a work experience pupil, a copy of the relevant completed forms ('Work Experience Pupils – Health & Safety details and 'Work Experience Application') must be submitted with the 'Accident Report Form' to Health & Safety Services.
7. Heads of School/Department must be able to demonstrate compliance as part of the University of Reading Annual Safety Procedure.