# University Health and Safety Form

# EMF Action PLAN

Where the EMF Exposure Assessment determines whether a work activity will, or is likely to generate an EMF in excess of the relevant Exposure Limit Value (ELV), departments are required to complete the following Action Plan. Further information can be obtained from the University Radiation Protection Officer (URPO).

**The Data Protection Act 1998 requires the University to inform you that the data on this form will be used for the purposes of improving the management of Health and Safety in the University and in accordance with legislative requirements.**

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| **1. ACTIVITY** | |
| **Project Title:** |  |
| **Faculty:** |  |
| **Department:** |  |
| **Location of work:**  *Including Building and Room No.* |  |

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| **3. OUTCOME OF THE EMF EXPOSURE ASSESSMENT** |
| **3.1 Where there is a likelihood that:**  The Indirect Effect Action Level will be exceeded;  **OR** There are persons at particular risk involved in the work with the EMF;  **OR**  The Sensory Effect ELV will be exceeded;  **OR**  The Health Effect ELV will be exceeded;  Provide details of the evidence used to determine this likelihood in section 3.2.  *(For information on ELVs, see* [*HSG281 – A Guide to the control of EMFs at work 2016*](http://www.hse.gov.uk/pubns/priced/hsg281.pdf) *or contact the URPO)* |
| **3.2 Evidence details** |
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| **4. ACTION PLAN** | |
| 4.1 Give justification for using equipment that can create an EMF in excess of the ELVs, and why the use of lower level of EMF is not possible. | |
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| 4.2 Give details of all technical and organisational measures that will be put in place to reduce the duration and / or intensity of the exposure. | |
| *(This must consider the use of interlocks, screening or other protective measures)* | |
| 4.3 Give details of all other measures that will be put in place to reduce the likelihood of exposure. | |
| *(This may include signage, access controls and floor markings.)* | |
| 4.4 Give details of how the potential for sparks or discharges (where a possibility) will be managed. | |
| *(Include details on the training that will be provided to workers and what technical measures are proposed)* | |
| 4.5 Give details of the proposed maintenance schedule for the device. | |
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| 4.6 Give details on the design of the workplace in relation to reducing the likelihood of exposure | |
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| 4.7 Give details of any proposed Personal Protective Equipment that will be provided. | |
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| 4.8 Give details of proposed emergency response plans. | |
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| 4.9 Does the Action plan reduce the potential EMF to below the ELV? | |
| **Yes**  Refer to section 6.1.6 of the OHS EMF standard | **No**  Refer to URPO |

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| **5. DECLARATION** | | | | | | | |
| **5.1 Line Manager / Research Supervisor / Principal Investigator** **Declaration** | | | | | | | |
| I confirm that all the information given in this application is accurate. | | | | | | | |
| Signature |  | Name | |  | | Date |  |
| **5.2 Head of Department Declaration** | | | | | | | |
| I confirm that the work may take place within my area of responsibility, subject to all actions required in the Action Plan and general risk assessment | | | | | | | |
| Signature |  | Name | |  | | Date |  |
| Once the Exposure Assessment has been completed, and the Action Plan created, and where this work will not expose any persons to an EMF in excess of the ELVs, this form, along with the general risk assessment for the work must be forwarded to the URPO at [radiation.protection@strath.ac.uk](mailto:radiation.protection@strath.ac.uk) | | | | | | | |
| **5.3 Radiation Protection Service** | | | | | | | |
| Date Received |  | | Date Entered into Risk Register | |  | | |