

Wellcome Centre for Human Genetics  
Old Road Campus  
Roosevelt Drive  
Headington  
Oxford OX3 7BN

Dear Contractor,

### COVID safe information

Thank you for supporting the Wellcome Centre for Human Genetics with your visit to our site today and doing the necessary work that helps to maintain our research into COVID-19 and the ongoing vaccine development. We aim to make sure all our staff and visitors work in a COVID-safe environment.

As part of the Centre's COVID procedures, **we ask that you inform us if you develop any COVID symptoms within 48 hours or test positive after being in our building.** This will help us to contain any potential contagion and alert our staff who may have been in close proximity to your area of work.

The main symptoms of coronavirus are<sup>1</sup>:

- a high temperature – this means you feel hot to touch on your chest or back (you do not need to measure your temperature);
- a new, continuous cough – this means coughing a lot for more than an hour, or 3 or more coughing episodes in 24 hours (if you usually have a cough, it may be worse than usual);
- a loss or change to your sense of smell or taste – this means you've noticed you cannot smell or taste anything, or things smell or taste different to normal.

Please inform our COVID Officers, known as our Single Point of Contacts, at the following email addresses:

- sue.wilson@well.ox.ac.uk
- dbartle@well.ox.ac.uk

Thanks again for your support.

Regards,

Boyd Rodger  
Building and Facilities Manager

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<sup>1</sup> Provided by the NHS <https://www.nhs.uk/conditions/coronavirus-covid-19/symptoms/>

## WHG CONTRACTOR WORK RISK ASSESSMENT

### PART 1: OVERVIEW – Who you are, what you are doing, who is responsible for your visit

Company		RAMS received Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input type="checkbox"/>
Overview of work to be undertaken  (Confirm objective of the visit)		
Proposed Date / Period of Work		
Name(s) of Contractors on Site Contact Telephone no.		
WHG Supervisor / Host Contact no.		
<b>LOCATION OF WORK / BUILDING(s)</b>  GM 673 <input type="checkbox"/> PI 676 <input type="checkbox"/> CCMP 675 <input type="checkbox"/> Link building 683 <input type="checkbox"/> Quad Offices 671 <input type="checkbox"/> FGF Level 3 <input type="checkbox"/> BMRU <input type="checkbox"/>  Room number(s):	<b>START</b> (tick box or delete)  Access Card <input type="checkbox"/>  Hot works permit issued <input type="checkbox"/>  Isolation of fire system <input type="checkbox"/> Other permit to work (specify)  _____ Keys Issued:	<b>FINISH</b>  Access Card returned <input type="checkbox"/> Hot works permit (closed) <input type="checkbox"/> Reinstate fire system <input type="checkbox"/> Other permit to work (closed) <input type="checkbox"/>  Keys Returned:

### PART 2: CONTRACTORS WORK & LOCAL RISK ASSESSMENT

Hazards	Tick	Guidance Notes	Detail Actions – indicate if no action required
Biological	<input type="checkbox"/>	If area/equipment is likely to be contaminated detail actions taken to decontaminate	
Chemical	<input type="checkbox"/>	If area/equipment likely to be contaminated detail actions taken to decontaminate	
Radiological	<input type="checkbox"/>	If area/equipment is likely to be contaminated, RPS or SRPS must monitor and/or decontaminate before work begins	
Electrical	<input type="checkbox"/>	If isolation is required 'blue book' holder must be involved & permission may be needed from Estates Electrical Services	
Mechanical	<input type="checkbox"/>	Is isolation required – If yes, detail actions taken to isolate	

Working at Height	<input type="checkbox"/>	Contractor to provide own equipment – contractors Risk Assessment & Method Statement required	<i>Consider Permit to Work at Height (s3/11a5)</i>
Hot Work	<input type="checkbox"/>	Hot works permit required Tick relevant boxes above (Part 1)	<i>Consider Fire System Isolation form</i>
Smoke or dust generation	<input type="checkbox"/>	Fire system isolation form required Tick relevant boxes above (Part 1)	
Other Hazards Identified	<input type="checkbox"/>	If yes, detail hazard & appropriate control measures	<i>Consider Other Permit(s) to Work</i>
Hazards Introduced by Contractor	<input type="checkbox"/>	If yes, detail hazard & appropriate control measures	
Does work impact on Centre Facilities, e.g. power or other service provision?	<input type="checkbox"/> *	If yes – provide detail and ensure all affected parties are informed. <b>Authorisation required from Building Facilities Management (Part 4)</b>	
<b>Due to the character of the project/task, 2 meters physical distance cannot be maintained especially for periods longer than 15 minutes.</b>	<input type="checkbox"/> **	If yes – provide detail and ensure all affected parties have adopted additional measures such as: <ul style="list-style-type: none"> <li>- Keep contact time as short as possible</li> <li>- Use screens, barriers</li> <li>- Back-to-back or side-to-side working</li> <li>- Enhanced hand washing and surface cleaning</li> <li>- Use of fluid resistant masks</li> </ul>	

### **PART 3: NOTABLE POINTS – Aide memoire / Rules you must comply with(tick or NA)**

- Visit is essential to our business (state provide statement to confirm objective of the visit in work overview PART 1)
- Hazards of your work are covered by your risk assessment(s). You must notify us if these will affect our personnel.
- Activities are strictly limited to agreed works. You must not start additional activities without prior authorisation.
- Confirm engineer or visitor required to work independently on the site.
- All accidents & incidents must be notified to NDMRB supervisor and recorded in our Accident Book
- Your work area must be kept in a clean, tidy and safe state at all times
- Decontamination of equipment has been completed and procedure documented using Decontamination certificate.
- Any waste generated in the course of your work must be removed
- Follow lab rules such as - No eating, drinking, smoking chewing gum in the laboratories. Wear close toe shoes.
- You must wash your hands before leaving the lab areas, e.g. eating, toilet breaks & on completion of work
- Fire Assembly point is the gravel car park – you must evacuate if alarms sound
- Fire sounder testing occurs on Thursday between 11:00 – 11:15 when evacuation is not required*
- On completion of your work PART 7 (below) must be signed before departure

### **RULES RELATED TO THE COVID-19 PANDEMIC , you confirm that**

- Within the last 14 days, you and anyone in your household have not shown any symptoms of Covid-19
- Within the last 14 days, you have not returned from a country that is on the UK quarantine list.
- You will adhere to 2 meters physical distancing and wearing face masks for the duration of the visit (\*\*if impossible, follow additional measures as stated above)
- You will use regularly hand sanitiser or wash hands for at least 20 seconds
- You will follow the signage such as for maximum number of people permitted in certain areas
- You will adhere to all other current Government Guidelines relating to Covid-19
- You will wear PPE equipment in accordance with Government or our guidelines (provided for the visitor)

**PART 4: AUTHORISATION – WHG supervisor / manager**

I hereby confirm that subject to the Control Measures detailed above, any risk to operators is low (for described work) and that the activities can commence.

Date / Time Work commenced			
Name		Signature	
Name of Additional Authorisation * (where necessary)		Signature	

**PART 5: ACCEPTANCE – Contractor**

I understand Health & Safety information provided, accept responsibility for myself and all other operatives involved, and agree to follow all local rules. I also accept that subject to the Control Measures detailed above, any risk to operators is relatively low (for the described work) and that I will ensure any work performed has prior authorisation by the WHG supervisor.

Name		Signature		Date	
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**PART 6: OTHER DOCUMENTATION**

List below details of other documentation that accompanies this assessment *i.e.* Permits to Work, Contractor Risk Assessments & Method Statements

Document	Date Issued	Copy Attached (Yes/No) <i>If No detail where this document is kept</i>

**PART 7: HANDBACK – Ensure that PART 1 *FINISH* section is completed**

I inform you that the agreed work has been completed, that all waste has been removed and all affected areas & equipment have been left safe and clear for use by centre personnel

Date & Time Work completed	
Contractor signature	
WHG Supervisor signature	