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|---|--|---------------------------|-------------------|
| <b>Equipment / Activity / Area being assessed</b> | The Science of Sound Show                          | <b>Risk Assessment No</b> | <b>P&amp;L 15</b> |
| <b>Location</b>                                   | Eureka! Theatre, Imagination Space or 1855 offices | <b>COSHH assessment</b>   | Vacuum pump oil   |
| <b>Who is exposed?</b>                            | School groups, Eureka! staff                       |                           |                   |
| <b>Date of assessment</b>                         | January 2024                                       |                           |                   |
| <b>Assessor's name and job title</b>              | Jenny Parker – Play & Learning Manager             |                           |                   |

|   |                  |                         |                             |                            |
|---|------------------|-------------------------|-----------------------------|----------------------------|
| <b>Risk = Likelihood of injury x Severity of injury</b> | <b>R = L x S</b> | <b>Low risk = 0 – 6</b> | <b>Medium risk = 7 - 12</b> | <b>High risk = 13 - 25</b> |
|---|------------------|-------------------------|-----------------------------|----------------------------|

|                                 |                             | <b>S = Severity of injury</b>   |                                    |  |                                      |                                    |  |
|---------------------------------|-----------------------------|---------------------------------|------------------------------------|--|--------------------------------------|------------------------------------|--|
|                                 |                             | <b>No injury or illness (0)</b> | <b>Minor injury or illness (1)</b> | <b>First aid injury or illness (2)</b> | <b>“3 day” injury or illness (3)</b> | <b>Major injury or illness (4)</b> | <b>Fatality, disabling injury, etc (5)</b> |
| <b>L = Likelihood of injury</b> | <b>Zero to very low (0)</b> | 0 = Low                         | 0 = Low                            | 0 = Low                                | 0 = Low                              | 0 = Low                            | 0 = Low                                    |
|                                 | <b>Very unlikely (1)</b>    | 0 = Low                         | 1 = Low                            | 2 = Low                                | 3 = Low                              | 4 = Low                            | 5 = Low                                    |
|                                 | <b>Unlikely (2)</b>         | 0 = Low                         | 2 = Low                            | 4 = Low                                | 6 = Low                              | 8 = Medium                         | 10 = Medium                                |
|                                 | <b>Likely (3)</b>           | 0 = Low                         | 3 = Low                            | 6 = Low                                | 9 = Medium                           | 12 = Medium                        | 15 = High                                  |
|                                 | <b>Very likely (4)</b>      | 0 = Low                         | 4 = Low                            | 8 = Medium                             | 12 = Medium                          | 16 = High                          | 20 = High                                  |
|                                 | <b>Almost certain (5)</b>   | 0 = Low                         | 5 = Low                            | 10 = Medium                            | 15 = High                            | 20 = High                          | 25 = High                                  |

|   | <b>Hazard</b>  | <b>Control Measures already in place to control the risk</b>   | <b>What additional Control Measures are required?</b>   | <b>Risk rating (High, Medium, Low)</b> | <b>Completed/ Escalated to:</b> |
|---|--|--|---|--|---------------------------------|
| 1 | General room set up:<br>Trailing cables and props on tables could present trip hazard to both presenter & volunteers | Any scenery, props and resources to be set up to minimise hazards and placed at suitable distance from the audience.<br>Fire exits to be kept clear at all times.<br>First aider on site at all times during museum opening hours. | Parents/guardians/teachers to remain in close supervision of the children in their care at all times.<br><br>Volunteers to be guided around any trip hazards present when making their way up to stage.<br><br>Volunteers to be given clear instruction by the Enabler doing the demonstration. | L = 3<br>S = 2<br>R = 6<br>Low risk    | P&L Team/Duty VSM               |

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| 2  | Electric shock from electrical equipment   | <p>All Eureka! equipment to be PAT tested regularly.</p> <p>Extension leads &amp; multi-adaptors – use of these should be kept to a minimum, connecting each appliance directly to a wall socket whenever possible.</p> <p>Extension leads must be full unwound prior to use, otherwise overheating can occur. Extension leads must never be daisy chained.</p> | Visual checks of equipment each time in use. Anything of concern reported to Technicians and not to be used.   | <p>L = 1<br/>S = 5<br/>R = 5<br/><b>Low risk</b></p>     | P&L Team/ Duty Tech |
| 3  | Unsupervised room – visitors accessing equipment & causing themselves or others harm                                   | <p><b>Imagination Space</b> – door must be locked at all unstaffed times</p> <p><b>Theatre</b> – both doors must be locked at all unstaffed times. High risk items to be stored in projection room during break periods.</p> <p>Overnight, equipment should be packed away and stored in the projection room.</p>   | <p>All staff to be vigilant in making sure Imagination Space &amp; Theatre doors are locked when room not staffed.</p> <p>To be checked by Duty VSM daily.</p> | <p>L = 2<br/>S = 2<br/>R = 4<br/><b>Low risk</b></p>     | P&L Team/Duty VSM   |
| 4  | Use of 1855 ground floor offices: <ul style="list-style-type: none"> <li>Hot radiators</li> <li>Heavy doors</li> </ul> | <p>Sit down &amp; watch activity so children shouldn't be given opportunity to get close to radiators.</p> <p>Enablers/teachers to hold open heavy doors.</p>   | Parents/guardians/teachers to remain in close supervision of the children in their care at all times.  | <p>L = 2<br/>S = 4<br/>R = 8<br/><b>Medium Risk</b></p>  | P&L Team/Duty VSM   |
| 5  | Vacuum bell jar demo<br><br>Possible electric shock, fumes from motor if over-used, vacuum pump oil                    | <p>Equipment to be unplugged in between sessions.</p> <p>Motor not to be left running for excessive amounts of time (3mins)</p> <p>Oil kept in lockable cupboard in office store room. Only used when vacuum pump needs topping up.</p>   | CoSHH sheet for oil in file.   | <p>L = 2<br/>S = 5<br/>R = 10<br/><b>Medium risk</b></p> | P&L Team/ Duty VSM/ |
| 14 | Fire   | <p>Staff trained in fire safety, limiting risk of incidents occurring.</p> <p>Room set up to minimise any risk of fire.</p>   | <p>Fire blanket &amp; fire extinguishers in the room.</p> <p>Enablers present to evacuate visitors from room if fire does occur.</p>                           | <p>L = 2<br/>S = 4<br/>R = 8<br/><b>Medium Risk</b></p>  | P&L Team/Duty VSM   |

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| 15 | Enablers not being aware or adhering to any of the above control measures | All Enablers who deliver this show receive appropriate training & are asked to read & sign this risk assessment | Signed copy of risk assessment kept in P&L team folder in office | L = 2<br>S = 2<br>R = 4<br><b>Low Risk</b> | P&L Team |
|----|---|---|--|--|----------|

**Sign-off of risk assessment**

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| <b>Review by Line Manager (Name, job title and date)</b> | Jenny Parker, P&L Manager, January 2024                |
| <b>Review by Operations Team on:</b>                     | Rachel Skinner, Head of Visitor Services, January 2024 |
| <b>Next Review date:</b>                                 | January 2025   |

**Signed by members of the delivery team:**

| Name | Signature | Date |
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