



Fieldwork Assessment Form

School Assessment No.	INFFA 02
Title of Fieldwork Activity:	Mobile robot field experiments
Location(s) of Work:	George Square, Bristo Square, and the Meadows
Duration:	On an adhoc and recurring basis

Brief Description of Fieldwork:

On an ad-hoc basis, research students from the School of Informatics will carry out data collection and navigation experiments using a mobile robot (Clearpath Husky, Anymal quadruped, Ada500, ...).

A typical experiment will involve two students using a wireless remote controller to command the vehicle to drive along the paths of George Square at or below walking pace.

Hazard Identification:

Hazard (s)	Risk L / M / H	Control Measures	Risk after Control L / M / H
Physical Hazards	L	Avoid extreme weather conditions. Avoid high drops and areas that the robot is designed to traverse.	L
Biological Hazards	L	None known	L
Chemical Hazards	L	None known	L
Man-made hazards	L	Regular street traffic expected and highway code applies. Care	L

		should be taken not to cause injury to pedestrians or vehicles.	
Personal Safety	L	Do not operate the robot alone. Stop the robot when any person approaches (by releasing the dead-man-switch on the controller or e-stop the robot if necessary).	L
Environmental impact	L	None	L
Other hazards	L	Should the robot require lifted, use two people to do the lifting. Use lifting mechanism and ramps if required.	L

Emergency Procedures:

If any injury occurs, the unit should be stopped, disabled and medical assistance sought.

For minor injuries any University First Aider local to George Square can assist, for more serious injuries call 999 and arrange an ambulance to attend. Submit an incident report via the University H+S website and to the person responsible for safety.

Additional Information:

No user is allowed to operate the robot without having:

- Completely read and understood the robot's operation manual.
- Completed an induction session with an experienced and trained user.
- Read and signed with countersignature the corresponding risk assessment for the robot as well as this Field Assessment form.

Contact Information: Include details of both the University designated contact and on-site contact.

University	Name: Vladimir Ivan	Tel. Contact: 0131 650 5164
On-site	Name: Vladimir Ivan	Tel. Contact: 0131 650 5164
Address of residential base: Informatics Forum, Room 1.25, 10 Crichton Street, Edinburgh EH8 9AB, UK.		

Has necessary training and information been given?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Is there adequate provision for those with health problems or disabilities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Are there adequate First Aiders available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is there suitable supervision (i.e. Staff to Student ratio)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is permission required to work on site?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Are there suitable travel arrangements and licensed drivers?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Is adequate insurance cover in place? <i>(Contact Finance Office for advice, 50-9154)</i>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
Have all participants submitted next of kin information to field trip organiser / School Office?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Have route notification schedules been provided to Police or Coastguard?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

Assessment carried out by:

Name:	Vladimir Ivan	Date:	25/08/2021
Signature:		Review Date:	25/08/2021
Title: Senior Researcher			

Assessment Authorised by Head of School / Fieldwork Supervisor:

Name:		Date:	
Signature:			

Verification by users

Sign below to indicate you have read and understood the safe system of work.

Signature:	Date: