

# Degree Examination

## Change Control Form



ALL STUDENTS MUST fill in this form by completing the boxes below. If you are making changes, this will be submitted **along with** the Risk Assessment form.

**PLEASE NOTE:**

This form, alongside your Space Proposal Form and Risk Assessment, needs to be formally approved by your Department and will act as an installation agreement between the GSA and the individual artists in the show. Any changes made without the explicit sign off through this process will be the responsibility of the individual and an individual will be accountable for any issues that may arise from any unauthorised changes.

<b>Name:</b> <b>Contact details (mobile phone preferably):</b>
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**Area of Study: (please double click on the box to check it)**

Fine Art Photo	<input type="checkbox"/>	Sculpture & Env Art	<input type="checkbox"/>	Paint & Print	<input type="checkbox"/>
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**Please indicate your allocated space (please double click on the box to check it).**

THIRD FLOOR	<input type="checkbox"/>	Studio number	
FOURTH FLOOR	<input type="checkbox"/>	Studio number	
Other (please describe)			

NO CHANGE	<input type="checkbox"/>
4 <sup>th</sup> year tutor <i>OR</i> Head of Department should sign here <b>ONLY</b> if NO changes are being made.	
Signature:	Date:
AN ALTERATION	<input type="checkbox"/>
A RETRACTION	<input type="checkbox"/>
AN ADDITION	<input type="checkbox"/>

**PLEASE PROVIDE A CLEAR DESCRIPTION OF WHAT THE CHANGE IS:**

Please give a detailed description of your reasons for the changes and requirements accompanied by any appropriate drawings or diagrams where appropriate.

Continued overleaf

**DOES THE CHANGE INCLUDE ANY OF THE FOLLOWING?**

(Please double click on the box to check it)

	YES	NO		YES	NO
Flashing Lights	<input type="checkbox"/>	<input type="checkbox"/>	Water	<input type="checkbox"/>	<input type="checkbox"/>
Noise/Sound	<input type="checkbox"/>	<input type="checkbox"/>	Aerosols	<input type="checkbox"/>	<input type="checkbox"/>
Sharp Objects	<input type="checkbox"/>	<input type="checkbox"/>	Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Moving Objects	<input type="checkbox"/>	<input type="checkbox"/>	Animals	<input type="checkbox"/>	<input type="checkbox"/>
Fragile Objects	<input type="checkbox"/>	<input type="checkbox"/>	Living Plant Materials	<input type="checkbox"/>	<input type="checkbox"/>
Unbalanced Objects	<input type="checkbox"/>	<input type="checkbox"/>	Acid	<input type="checkbox"/>	<input type="checkbox"/>
Fumes	<input type="checkbox"/>	<input type="checkbox"/>	Smoke	<input type="checkbox"/>	<input type="checkbox"/>
Flammable Materials	<input type="checkbox"/>	<input type="checkbox"/>	Cranes/Lifting Gear	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	Suspended Objects	<input type="checkbox"/>	<input type="checkbox"/>
Electricity	<input type="checkbox"/>	<input type="checkbox"/>	Working at height/use of ladders	<input type="checkbox"/>	<input type="checkbox"/>

**NOTE: All students MAKING CHANGES will be required to complete a Risk Assessment form, which follows this section.**

PLEASE EITHER EMAIL THIS FORM AND ATTACHMENTS (saving the file in this format: joebloggs-degreeshowproposal.doc) BY the date stipulated on the DEGREE SHOW TIMELINE to your 4<sup>th</sup> Year Tutor **AND** Head of Department **AND copying in your departmental administrator.** (Madeleine Brown for FAP, Tim Savage for SEA, Jo Tomlinson for P&P). ....*OR*.... If handing in as a hard copy, please give this to your department administrator, ensuring you give it to them personally (don't just leave it on their desk) so that they can record receipt of it and make a photocopy for both your year tutor and HoD.

**YOU SHOULD ALSO DISPLAY A COPY OF THIS ALONG WITH YOUR PROPOSAL AND RISK ASSESSMENT AT ALL TIMES IN YOUR DEGREE SHOW SPACE DURING INSTALL, DEINSTALL AND ASSESSMENT.**

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## Degree Examination *Risk Assessment*

This should be submitted **along with** the change control form and sent to your year 4 Tutor, Head of Dept. **and** Dept. administrator.



Name		Date
Mobile Number	Email	Dept. (FAP, P&P or SEA)

### Section 1

What are the health and safety risks you have identified in your proposed work/degree show submission - This should include risks that may be encountered **during install, while the show is open to the public and during de-install.** (See over for guidance notes, and Continue on a separate sheet if necessary).

What measures will you take to minimise these risks to an acceptable level: (Continue on a separate sheet if necessary)

Are there any additional control measures required? (Please double click on the box to check it) e.g. addition of COSHH data sheets (if yes, please attach to this form), manual handling etc.  
**YES**  **NO**   
 If yes, please state what the additional control measure(s) is/are.

Overall category of Risk (please circle/delete) (see over for guidance notes)	<b>EXTREME</b> <input type="checkbox"/> (Unacceptable)	<b>HIGH</b> <input type="checkbox"/> (Unacceptable)	<b>MEDIUM</b> <input type="checkbox"/> (Tolerable)	<b>LOW</b> <input type="checkbox"/> (Acceptable)
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Student's Signature:	
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4 <sup>th</sup> year tutor's OR Head of Department	Signature:	Date:
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**Section 2** (to be completed **immediately** prior to install *and whenever changes to the proposal are made*).

Have there been any changes to your proposal that would require you to expand upon, amend or complete a new risk assessment? (Please double click the box to check it)

YES  NO

**\*\*If you have answered YES to this section, you must attach change control form and submit it to your year tutor, HoD, and dept. admin.**

**\*\*\*If you make additional changes DURING install, again, it is your responsibility to attach a final change control form and resubmit as above.**

**Guidance note on aspects to consider for risk assessment:**

- **Is the work heavy?** If yes, how will you move it, might it affect the structure of the space it is in?
- **Will the work be in an elevated position?** If so, how will you get it into that position, how stable is it, how is it fixed, how will you remove it? (by elevated, we *don't* mean images hung on walls by conventional means).
- **Could the work fall over?** If yes, how will you stabilise it and/or prevent it from damaging the viewer or it's surroundings?
- **Does the work require electrical power?** If yes, has the electrical equipment been PAT tested, how will you get power safely to the work, if outside how are you going to ensure safety? How will you deal with the wires leading to the electrical device?
- **Will you need to use power tools on site?** If yes, what are the tools, and are they safe to operate outside, could they provide a danger to you or the public?
- **Will you be doing a performance on site?** If yes, how are you ensuring both your safety and that of the public? Have you discussed this with your tutor?
- **Do any of the materials used in the work fall into any of the following categories: sharp, flammable, toxic, corrosive, airborne?** If yes, how are you ensuring that you and the public are safe, have you researched the potential hazards and have you taken appropriate action, breathing, eyes, skin etc?
- **Is access to the work difficult or dangerous for you or members of the public?**

**RISK ASSESSMENT MATRIX**

LIKELIHOOD DESCRIPTION	RATING	SEVERITY DESCRIPTION
Highly Probable	5	Death (R*)
Probable	4	Specified Injury (R*)
Possible	3	Unfit for Normal Duties for More Than 7 Days (R*)
Unlikely	2	Unfit for Normal Duties for Less Than 7 but More Than 3 Days
Highly Unlikely	1	Minor Injury

(R\*) = RIDDOR - Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 2013

OVERALL RISK (Based on Likelihood x Severity)						
		SEVERITY INDEX				
		1	2	3	4	5
LIKELIHOOD INDEX	5	5-MED	10-MED	15-HIGH	20-HIGH	25-EXTREME
	4	4-LOW	8-MED	12-HIGH	16-HIGH	20-HIGH
	3	3-LOW	6-MED	9-MED	12-HIGH	15-HIGH
	2	2-LOW	4-LOW	6-MED	8-MED	10-MED
	1	1-LOW	2-LOW	3-LOW	4-LOW	5-MED

OVERALL RISK	DESCRIPTION
1-4 LOW	Low risks are largely acceptable, monitor periodically to determine situation changes which may affect the risk, or after significant changes
5-10 MEDIUM	Medium risks should only be tolerated for the short-term and then only whilst further control measures to mitigate the risk are being planned and introduced, within a defined time period.
12-20 HIGH	High risks activities should cease immediately until further control measures to mitigate the risk are introduced. The continued effectiveness of control measures must be monitored periodically.
25 EXTREME	Work should not be started or continued until the risk has been mitigated. Immediate action is required to reduce exposure. A detailed mitigation plan must be developed, implemented and monitored by senior management to reduce the risk before work is allowed to commence.