## Department of Engineering – Risk Assessment

Title of project/experiment/activity

Ref No.

	v <b>ity</b> round floor, croscopy Laborato	Start and end dates 10/6/2016 – open-ended		
A Bruker Dektak) samples and mea	of the sample surfa	eter is used to measure step heights. A metal needle, stylus, is un n height along a measured line. ce along the measured line are obtained.	ised to scan ac	
nazaro	Effect	Control measures	Residual risk	
Pinch point	Skin damage, bruises	Wherever possible, physical guards have been placed around moving parts to prevent users from contacting them. The exceptions are the areas around and above the X-Y stage. The motorized stage can move in x-y direction. The movements of all axes are slow, but are capable of exerting high forces. Users should wait for the stage movement to finish before loading and unloading samples to avoid their hand being caught.  Do not put your hands close to the stylus.	Low risk	
Electrical shock	Shock to user	No non user-serviceable parts such as electronics should be opened. They can only be serviced by Bruker. Users should not attempt any system repairs.	Low risk	
<b>'ersonal Protecti</b> No general persor	ive Equipment requinal protective equi	uired [eye/face protection, respiratory protection, gloves, lab copment is required. Some samples might require wearing gloves	pat etc]	
mergency Instru ire: In case of fire	ctions & First Aid e, the fire alarm sh	ould be activated and fire service called. Evacuate the building.		
inergency Instruction in case of fire in case of a case	ections & First Aid e, the fire alarm sh any emergency, pro	ould be activated and fire service called. Evacuate the building. ess the emergency power off button on the remote control.  g. hearing test, vibration monitoring, health surveillance		
imergency Instructions: In case of fire of the case of a large special monit	ections & First Aid e, the fire alarm sh any emergency, pro toring required [e.	ess the emergency power off button on the remote control.		
imergency Instructive: In case of fire of them in case of a large	ections & First Aid e, the fire alarm sh any emergency, pro toring required [e.government]	I [requires relevant Specialist Safety Officer signature and date]		
inergency Instructive: In case of fire of them in case of a large	ections & First Aid e, the fire alarm shany emergency, protoring required [e.g. easures required?	I [requires relevant Specialist Safety Officer signature and date]		
inergency Instructive: In case of fire of them in case of a large	ections & First Aid e, the fire alarm shany emergency, protoring required [e.government]  Reasures required?  Radiation Approval	I [requires relevant Specialist Safety Officer signature and date]		

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Signature to confirm that this is a suitable and sufficient assessment of risk and that stated control measures are in place. This risk assessment should be reviewed if additional risks not covered in this assessment are identified or if there is any reason to indicate that the control measures are insufficient.

Name of Assessor	Signature	Date
Anna Ott	1. 216	
Email: ako24@cam.ac.uk	Suna Off	10.6.2016
Name of Supervisor	Signature	Date
Prof. A.C. Ferrari		
Email: acf26@cam.ac.uk		The second secon

Local Safety Coordinator	Signature	Date
(A)	David Hahr	1/11/16.
Departmental Safety Office	Signature	Date

Title of project/experiment/activity

**Surface Profilometry** 

approved by 4. Alaurdgen (Far. Man)