

### **Homerton College Music Practice Room Booking Form**

Contact details	omplete the sections below with all details			
Name: Click here to enter text.				
Email address: Click here to enter text.	Contact number: Click here to enter text.			
Booking details				
Reason for use of music room and room required (NW1	or NW2): Click here to enter text.			
Single event - Date of event: Click here to enter a date	e. Number of people attending (max.3 NW1 or max.4 NW2): Click			
here to enter text.				
Multiple events* – Dates of events: Click or tap here to	o enter text.			
* Note: Recurring meetings or events may be booked on one form. Each event	will be allocated a separate Kinetix number.			
To comply with College policies and legal requirements, p	lease indicate the nature and content of the booking:			
Educational Social Social				
Please confirm what times you will need the room from	m and until:			
From: Click here to enter text.				
To: Click here to enter text.				
The event organiser (i.e. the named person making this booking) agrees as a condition of submitting this form to notify the College if any of the details above change. The College reserves the right to review its decision on allowing an event to proceed if any of the information provided on this form changes.  • The event organiser (or a named representative) will be present throughout the event.  • The College also reserves the right to cancel the booking, without notice, if any of the information submitted on this form, is identified subsequently as being inaccurate or incomplete or there are changes to restrictions or to College Policy.				
• The College also reserves the right to cancel the this form, is identified subsequently as being inacc	booking, without notice, if any of the information submitted on			
• The College also reserves the right to cancel the this form, is identified subsequently as being inacc College Policy.	booking, without notice, if any of the information submitted on curate or incomplete or there are changes to restrictions or to conference office. Once your booking has been made it will be			

#### Completion of this form means you are agreeing to the terms and conditions below regarding internal bookings.

- \*This booking form is for music practice rooms only.
- \*The organiser/booker should ensure that they have read and understood the guidance for music room bookings and that all participants are aware of the requirements.
- \*Only Homerton members can book and use the music practice rooms.
- \*No food or drink is allowed in the music practice rooms.
- \*We are not able to guarantee the room your booking has been made for will be available therefore rooms are subject to change.
- \*Please note that Alison Shrubsole and Paston Brown are not suitable for participants or students with disabilities. This is due to current fire, health and safety regulations.
- \*Please return your booking form 1 working day prior to the date that you are enquiring about.
- \*Please sign and date the Risk Assessment to evidence you have read and understood the document and share it with all participants.

Please contact Leah Trundley 47196, internalconferences@homerton.cam.ac.uk for any further assistance.



# Homerton College, Cambridge, Risk Assessment Form

Department or activity under assessment: **Use of Music Practice Rooms – Covid19** 

Activity or Task	List the significant hazard(s). <sup>1</sup>	Describe what could go wrong – that is, say who might be hurt and how. <sup>2</sup>	Is the risk high, medium or low? <sup>3</sup>	Please list the control measures which will reduce the likelihood of this happening. <sup>4</sup>	Suggest here any further actions which may be beneficial. Say who will carry them out and by when. 5
Hands	Risk of transmission of Covid19 from unclean hands	Transmission of Covid19 from hands to other surfaces in the Music Practice Rooms increasing the potential risk to other users	Medium	Hands must be washed with soap and hot water for at least 30 seconds before using the Music Practice Rooms.	Use Hand Sanitiser as additional protection
Face	Risk of transmission of Covid19 from particles in breath	Transmission of Covid19 through liquid particles by breathing out the infection onto another person	Medium	Face Coverings must be worn at all times unless the activity is singing or the playing of a wind instrument	No food or drink may be consumed in the Music Practice Rooms

Space	Risk of transmission of Covid19 from being in close proximity to others	Transmission of Covid19 to users of the Music Practice Rooms	Medium	A minimum of 2m social distancing must be observed at all times whilst travelling to and from the Music Practice Rooms and whilst using them	Only for use by students in the same Household and a maximum of three (NW1) or four (NW2) students at any one time  Maintain ventilation wherever possible keeping doors and/or windows open and take regular breaks from the room
Surfaces	Risk of transmission of Covid19 from touching infected surfaces	Transmission of Covid19 to users of the Music Practice Rooms	Low	Use the sanitizer sprays and wipes to wipe down all surfaces, door handles keyboards and instruments before and after use N.B.: please follow separate instructions in practice rooms for wiping down piano keys.	Use Hand Sanitiser for additional protection
General Use	Risk of transmission of Covid19 from using the Music Practice Rooms	Transmission of Covid19 to users of the Music Practice Rooms	Medium	If you are suffering from any COVID-19 related symptoms, or develop any symptoms whilst at College, you must not use the Music Practice Rooms.  If you develop any symptoms whilst in the Music Practice Rooms, you must leave them immediately and inform the Porters Lodge or Conferencing Department.  If you are in Isolation or a member of your Household has received a positive test you must not use the Music Practice Rooms	

### **Explanatory notes:**

- <sup>1</sup> Hazards are activities which contain actual or potential elements of danger. Eliminating hazards by the use of an alternative work method should always be your first consideration.
- <sup>2</sup> Please explain how an accident, incident or health condition could arise. All events which are '*reasonably foreseeable*' must be considered.
- <sup>3</sup> How likely is this event to occur? Is there a low, medium or high probability? When a 'high risk' activity is identified a further more detailed task/site specific risk assessment may be required. Examples of high risk activities are: working in a confined space e.g. a sewer or working at heights e.g. on extendable ladders.
- <sup>4</sup> When deciding on suitable control measures, you should ensure that you are complying with all relevant College policy and guidance documents, and that you have considered the hierarchy of control measures. In order to comply with legislation, we must also take all steps which are *'reasonably practicable'* to reduce risk. This means that we should take all steps which are (in terms of time, cost and trouble) reasonable in relation to the reduction of risk achieved.
- 5. IF THE CONTROL MEASURES LISTED DO NOT SEEM ADEQUATE FOR THE RISK YOU ARE FACING DO NOT START THIS TASK SPEAK TO YOUR SUPERVISOR.

Important! It is essential to check regularly that the control measures specified in this risk assessment are actually being used in practice. All control measures should be reviewed regularly to ensure their effectiveness. Any specialist emergency or first aid procedures should be specified here.

If any Standard Operating Procedure (SOP) is required, please specify it here or attach it to this form. Any specialist training required should also be specified here:

Is special monitoring (e.g. hearing test, hand-arm vibration, eye test, and health surveillance) required? If so, please enter details in the end column 'Suggested Further Action' - the University Occupational Health Service may be able to offer the service you require.

What personal protective equipment (PPE) is required (e.g. overalls, gloves, respiratory protection, eye protection, safety footwear? You must ensure that any PPE specified is suitable for the purpose and compatible with all other PPE issued and needing to be worn. Each item of PPE needing to be worn to mitigate against the hazards that have been listed should be specified in the control measure column.

## Please complete this section to confirm that this constitutes a reasonable and proportionate assessment of risk.

Name of assessor:	Signature:	Date:	Name of person making	Signature:	Date:
Gary Sharp	Gary Sharp	28/01/2021	booking:		

This assessment should be reviewed regularly (usually every 12 months), or earlier if there is a material change to the process, the equipment, location or relevant legislation. It should also be reviewed when new people are involved, or after an accident or incident has taken place.

Reviewed by (name)	Signature	Date	Indicate changes here