Delft University of Technology

INSPECTION REPORT FOR DEVICES TO BE USED IN CONNECTION WITH HUMAN SUBJECT RESEARCH

This report should be completed for every experimental device that is to be used in interaction with humans and that is not CE certified or used in a setting where the CE certification no longer applies[[1]](#footnote-1).

The first part of the report has to be completed by the researcher and/or a responsible technician.

Then, the safety officer (Heath, Security and Environment advisor) of the faculty responsible for the device has to inspect the device and fill in the second part of this form. An actual list of safety-officers is provided on this [webpage](https://intranet.tudelft.nl/-/HSE-advisor).

Note that in addition to this, all experiments that involve human subjects have to be approved by the Human Research Ethics Committee of TU Delft. Information on ethics topics, including the application process, is provided on the [HREC website](http://www.hrec.tudelft.nl).

**Device identification (name, location):**

**Configurations inspected[[2]](#footnote-2):**

**Type of experiment to be carried out on the device:[[3]](#footnote-3)**

**Name(s) of applicants(s):**

**Job title(s) of applicants(s):**

(Please note that the inspection report should be filled in by a TU Delft employee. In case of a BSc/MSc thesis project, the responsible supervisor has to fill in and sign the inspection report.)

**Date:**

**Signature(s):**

**Setup summary**

*Please provide a brief description of the experimental device (functions and components) and the setup in which context it supposed to be used. Please document with pictures where necessary.*

*More elaborate descriptions should be added as an appendix (see below).*

**Risk checklist**

Please fill in the following checklist and consider these hazards that are typically present in many research setups. If a hazard is present, please describe how it is dealt with.

Also, mention any other hazards that are present.

|  |  |  |  |
| --- | --- | --- | --- |
| **Hazard type** | **Present** | **Hazard source** | **Mitigation measures** |
| Mechanical (sharp edges, moving equipment, etc.) |  |  |  |
| Electrical |  |  |  |
| Structural failure |  |  |  |
| Touch Temperature |  |  |  |
| Electromagnetic radiation |  |  |  |
| Ionizing radiation |  |  |  |
| (Near-)optical radiation (lasers, IR-, UV-, bright visible light sources) |  |  |  |
| Noise exposure |  |  |  |
| Materials (flammability, offgassing, etc.) |  |  |  |
| Chemical processes |  |  |  |
| Fall risk |  |  |  |
| *Other:* |  |  |  |
| *Other:* |  |  |  |
| *Other:* |  |  |  |

**Appendices**

*Here, you may add one or more appendices describing more detailed aspects of your setup or the research procedures.*

**Device inspection**(to be filled in by the AMA advisor of the corresponding faculty)

**Name:**

**Faculty:**

The device and its surroundings described above have been inspected. During this inspection I could not detect any extraordinary risks.

*(Briefly describe what components have been inspected and to what extent (i.e. visually, mechanical testing, measurements for electrical safety etc.)*

**Date:**

**Signature:**

Inspection valid until[[4]](#footnote-4):

Note: changes to the device or set-up, or use of the device for an experiment type that it was not inspected for require a renewed inspection

1. Modified, altered, used for a purpose not reasonably foreseen in the CE certification [↑](#footnote-ref-1)
2. If the devices can be used in multiple configurations, otherwise insert NA [↑](#footnote-ref-2)
3. e.g. driving, flying, VR navigation, physical exercise, ... [↑](#footnote-ref-3)
4. Indicate validity of the inspection, with a maximum of 3 years [↑](#footnote-ref-4)