Submitting the list of investigators and ERA:

1. Investigators:

List all the people who would be attending the experiment. You will only be able to add people who are (i) registered on the UAS, and (ii) have a valid safety test. If your experiment is remote, then the 'remote' box should be ticked for all participants

|                      |  |  |   |  |   |                               |                                  |                            |                               | Sut                          | omit Investigato                           |
|----------------------|--|--|---|--|---|-------------------------------|----------------------------------|----------------------------|-------------------------------|------------------------------|--|
| ERA                  | Diamond needs to know who will be involved w   | iff your session and what                                  | at their role will be                       |  |   |                               |                                  |                            |                               |                              |  |
| Samples              | <ul> <li>If you would like Diamond to book accom</li> </ul>  | modation for you, pleas                                    | se select the nigh                          | ts you require.  |   |                               |                                  |                            |                               |                              |  |
| Equipment            | <ul> <li>If investigators are anticipated to be involved</li> <li>It may be possible for Diamond to pay your</li> </ul>  | d in night shift work, pleas<br>expenses while you are h   | se select the 'Night<br>here, See Subsiste  | Shifts? box for those in<br>nce for more information   | vestigators (max 4).<br>n. Normally, a maximu     | m of three i                  | investigators are                | e eligible fo              | r subsisten                   | ce. Four ma                  | ay be covered for                          |
| Experimental Methods | a complex experiment of for safety reasons.<br>Please consider reasons accommodation for the night your experiment concludes. If you believe your working hours will make it unsafe to drive home. |  |   |  |   |                               |                                  |                            |                               |                              |  |
| Lab Access           | <ul> <li>All investigators are expected to have confir<br/>cannot be submitted will be indicated in the</li> </ul>   | med their details are corre<br>table. Click the "Email Inv | ect within the past<br>valid Investigators" | year and those attending<br>button to invite people to | g must pass the Diamo<br>o take the test and/or o | and safety t<br>confirm their | iest before you o<br>ir details. | an submit                  | investigato                   | rs. Those in                 | vestigators that                           |
| ERA Summary          |  |  |   |  |   |                               |                                  |                            |                               |                              |  |
| lotes                | ALL PARTICIPATING TEAM MEMBERS BOTH  | ON-SITE AND REMOTE   | - PLUS OTHERS                               | REQUIRING DATA ACC                                     | ESS ONLY  |                               |                                  |                            |                               |                              |  |
|                      |  |  |   |  |   |                               |                                  |                            |                               |                              |  |
|                      |  |  |   |  |   |                               |                                  | Email Inv                  | alid Inves                    | tigators                     | Add Investigator                           |
|                      | Name   | Team Role  | Remote Subsis<br>Reque                      | tence Arrival  | Transport   | Night<br>Shifts?              | Access Card<br>Pickup            | Email Inv<br>All<br>Nights | alid Inves<br>8 9<br>Mar Mar  | ligators<br>10 11<br>Mar Mar | Add Investigator                           |
|                      | Name Must nass safety to   | Team Role  | Remote Subsis<br>Reque                      | tence Arrival<br>at                                    | Transport   | Night<br>Shifts?              | Access Card<br>Pickup            | Email Inv<br>All<br>Nights | alid Inves<br>8 9<br>Mar Mar  | 10 11<br>Mar Mar             | Add Investigator                           |
|                      | Name<br>Must pass safely te<br>Personal details must be confirmed as up to do<br>by the u  | te o Leader V  | Remote Subsis<br>Reque                      | pay V 09.00 Tue S                                      | Transport   | Night<br>Shifts?              | Access Card<br>Pickup            | Email Inv<br>All<br>Nights | valid Inves<br>8 9<br>Mar Mar | 10 11<br>Mar Mar             | Add Investigator<br>Remove<br>from Sessior |
|                      | Name<br>Must pass safety te<br>Personal details must be confirmed as up to do<br>by the un<br>Taxi requests  | Team Role  | Remote Subsis<br>Reque                      | tence Arrival  | Transport<br>Mar 2 Car v                          | Night<br>Shifts?              | Access Card<br>Pickup            | All<br>Nights              | valid Inves<br>8 9<br>Mar Mar | 10 11<br>Mar Mar             | Add Investigator<br>Remove<br>from Sessio  |
|                      | Name Must pass safety te Personal details must be confirmed as up to da by the ut Taxi requests None   | Team Role  | Remote Subsis<br>Reque                      | tence Arrival  | Transport   | Night<br>Shifts?              | Access Card<br>Pickup            | Email Inv<br>All<br>Nights | ralid Inves<br>8 9<br>Mar Mar | ligators                     | Add Investigator                           |
|                      | Name Must pass safety te Personal details must be confirmed as up to da by the u by the u Taxi requests None   | Team Role  | Remote Subsis<br>Reque                      | tense Arrival<br>t pay ✓ 09 00 Tue S                   | Transport<br>) Mar 2 Car →                        | Night<br>Shifts?              | Access Card<br>Pickup            | Email Inv<br>All<br>Nights | ralid Inves<br>8 9<br>Mar Mar | ligators                     | Add Investigator<br>Remove<br>from Session |

- 2. ERA
  - a. Samples

Click on 'Create New Sample'. The following window will pop-up.

| UNDEFINED SAMPLE   |  |                        | 8  |
|--|--|------------------------|--|
| Sample Material or Protein*<br>Copper  |  | Ca<br>Acronym<br>/None | ncel & Close Save Sample Authorise & Submit Sample - |
| SAMPLE HAZARDS 📕 BIOLOGICAL MATERIAL 🗹 CH  | IEMICAL/SUBSTANCE/MATERIAL 📓 RADIOLOGICAL MATERIAL 📓 | NON-HAZARDOUS MATERIAL |  |
| Sample Type*<br>crystal<br>powder<br>liquid solution<br>Inanoparticles<br>hanoparticles<br>hanoparticles | Maximum individual sample quantity*<br>< 10g or 10ml | Concentration*         | Please enter a value                                 |
| Composition* Please en   | ter a value Vane                                     | Reaction Hazards       |  |

Fill in the risk assessment for your sample and save. Once you have filled all the info, click 'Authorize & Submit Sample'.

b. Equipment

Here you should list any equipment that will be used during the experiment. If your samples are just going to be mounted on one of our standard sample holders and measured ex-situ, you don't have to fill anything in this tab.

If you are using any of our other sample environments, e.g. electrochemical cell, high temperature capillary furnace, microreactor, cryostat or the likes, click on 'Create New Equipment', and enter all the information relevant to your equipment and provide a risk assessment. For e.g.:

| ERAMIC CAPILLARY FURNACE   |  |   |   |                                   | ( | 8   |
|--|--|---|---|-----------------------------------|---|-----|
| Equipment Name<br>Coramic Capillary Furnace  |  |   |   |                                   |   | ^   |
|  |  |   |   |                                   |   |     |
| EQUIPMENT HAZARDS 📕 HIGH PRESSURE 🖬 EXTREMES OF T  | EMPERATURE 🔳 LASER 🗹 GAS 🔳   | OTHER   |   |                                   |   |     |
| EVIDENCE OF TENDEDATI IDE  | _  | _   | _   | _                                 | _ | d.  |
| EATREMES OF TEMPERATURE  | 10 million and a constant (10) million and   |   |   |                                   |   |     |
| Heater on the ceramic block  | > 100  | v   |   |                                   |   |     |
| EVIDENCE OF TEMPEDATI IDE DISK   | _  | _   | _   | _                                 |   |     |
| EATREMES OF TEMPERATURE RUSA   |  |   |   |                                   |   |     |
| SAFETY CONTROL MEASURES  |  |   |   |                                   |   |     |
| Detail any overheating automatic cut off controls  | Safety control measures you will   | have in place   |   |                                   |   |     |
| Thermocouple to monitor temperature at all times   | Guarding in place  | Equipment used within scope of<br>manufacturer's instructions           | No modifications to equipment                                 | Emergency stop                    |   |     |
| Detail any other safety control measures or additional information   | PAT Testing  | Kevlar gloves   |   |                                   |   |     |
| A sign to say when the heater is on.   |  |   | 1   |                                   |   | -   |
|  |  |   |   |                                   |   |     |
| CERAMIC CAPILLARY FURNACE  |  |   |   |                                   |   | ω   |
| RISK ASSESSMENT  |  |   |   |                                   |   | î.  |
| Diamond Health & Safety Comments   |  |   |   |                                   |   | 1   |
| None   |  |   |   |                                   |   |     |
|  |  |   |   |                                   |   |     |
| 1  |  |   |   |                                   |   | -   |
| GAS  |  |   |   |                                   |   | ŧĬ. |
| Flow rate of gas   | What is the maximum quantity of  | gas (stp) that will be held in the 🛭 🐧                                  | Specify gases   | 0                                 | , | 11  |
| < 100cc/min  | <pre>equipment? &lt; 500cc</pre>   | · · · · · · · · · · · · · · · · · · ·                                   | N2  |                                   |   | H   |
|  |  |   |   |                                   |   | 1   |
| GAS HAZARD RISK  |  |   |   |                                   |   |     |
|  |  |   |   |                                   |   | 1   |
| HAZARD   |  |   |   |                                   |   |     |
| Hazard group(s)  | Corrosive  | Toxic   |   |                                   |   |     |
| x.   |  |   |   |                                   |   |     |
|  |  | _ toxe  |   |                                   |   | +   |
|  |  | 0.100   |   |                                   |   |     |
| CERAMIC CAPILLARY FURNACE  |  | e nor   |   |                                   |   | 8   |
| CERAMIC CAPILLARY FURNACE  | Corrosive  | _ Toxic   |   |                                   |   | 8   |
| CERAMIC CAPILLARY FURNACE           Hazard group(s)           Fammable         Oxidiser           Instant/Harmful         Pyrophoric   | Corrosive  | Toxic   |   |                                   |   | 8   |
| CERAMIC CAPILLARY FURNACE Hazard group(s) Gammable Oxidiser Instant/Harmful Pyrophotic   | Corrosive  | Toxic   |   |                                   |   | 8   |
| CERAMIC CAPILLARY FURNACE Hazard group(s)   Rammable Oxidiser   Initard Harmful Pyrophoric SAFETY CONTROL MEASURES   | Corrosive  | Toxic   |   |                                   |   | 8   |
| CERAMIC CAPILLARY FURNACE  Hazard group(s) IntantNamtul Notifier Notifier SAFETY CONTROL MEASURES  What detection does your system have for identifying leaks? Afore   | Cerrosive Inert Safety control measures you will Risk of release of  | Toxic Toxic I have in place Two persons in attendance                   | Equipment used within scope of                                | No modifications to equipment     |   | 8   |
| CERAMIC CAPILLARY FURNACE           Hazard group(s)           Parnmable         Oxdiser           InstantsHarmful         Pyrophonic   SAFETY CONTROL MEASURES What detection does your system have for identifying leaks? None  | Safety control measures you will Risk of release of agent/Substance minimised Emergency stop                 | Toxic Toxic Thave in place PAT Testing                                  | Equipment used within scope of manufacturer's instructions    | Po modifications to equipment     |   | 83  |
| CERAMIC CAPILLARY FURNACE  Hazard group(s)  Farmmable IntrartHarmful Pyrophoric  SAFETY CONTROL MEASURES  What detection does your system have for identifying leaks? Alone Detail any other safety control measures or additional information More  | Corrosive Inert  Safety control measures you will  Risk of release of agentSubstance minised Emergency stop  | Toxic Toxic Thave in place The persons in attendance PAT Testing        | Equipment used within scope of<br>manufacturer's instructions | No modifications to equipment     |   | 3   |
| CERAMIC CAPILLARY FURNACE  Hazard group(s)  Impannable Initiant/Harmful  SAFETY CONTROL MEASURES  What detection does your system have for identifying leaks?  What detection does your system have for identifying leaks?  Detail any other safety control measures or additional information  Jone         | Corrosive Inert Safety control measures you will Risk of release of agend'substance minimised Emergency stop | Toxic Toxic I have in place Two persons in attendance PAT Testing       | Equipment used within scope of manufacturer's instructions    | No modifications to equipment     |   | 8   |
| CERAMIC CAPILLARY FURNACE  Hazard group(s)  InstantHarmful  SAFETY CONTROL MEASURES  What detection does your system have for identifying leaks? None  Detail any other safety control measures or additional information None   | Safety control measures you will Risk of release of agent/substance minimised Emergency stop                 | Toxic Toxic I have in place Tox persons in attendance PAT Testing       | Equipment used within scope of<br>manufacturer's instructions | No modifications to equipment     |   | 83  |
| CERAMIC CAPILLARY FURNACE           Hazard group(s)         Oxdiser           InstantHamble         Oxdiser           SAFETY CONTROL MEASURES         Safety control measures or identifying leaks? None           Detail any other safety control measures or additional information None         None      | Safety control measures you will Risk of release of agent/substance minimised Emergency stop                 | Toxic Toxic Thave in place The persons in attendance PAI Testing        | Equipment used within scope of<br>manufacturer's instructions | Po modifications to equipment     |   |     |
| CERAMIC CAPILLARY FURNACE  Hazard group(s)  Armmable  Notice  SAFETY CONTROL MEASURES  What detection does your system have for identifying leaks? Nore  Detail any other safety control measures or additional information Nore  RISK ASSESSMENT  | Corrosive Inert Safety control measures you wil Rok of release of agentSubstance minimed Emergency stop      | Toxic     Toxic     Toxic     Toxic     Toxic     Toxic     PAT Testing | Equipment used within scope of manufacturer's instructions    | / 🔄 No modifications to equipment |   |     |
| CERAMIC CAPILLARY FURNACE  Hazard group(s) Impannable IntrarthHammul Pyrophotic  SAFETY CONTROL MEASURES  What detection does your system have for identifying leaks? Afone Detail any other safety control measures or additional information Afone  RISK ASSESSMENT  Diamond Health & Safety Comments More | Corrosive Inet Safety control measures you wit Risk of release of agent/substance minimised Emergency stop   | Toxic     Toxic     Toxic     Toxic     Toxic     PAT Testing           | Equipment used within scope of manufacturer's instructions    | No modifications to equipment     |   |     |

## c. Experimental Methods

Here you must describe how your experiment is going to be performed. For e.g.

| I | PELLET SAMPLES  |   |   | 8  |
|---|---|---|---|----|
|   | Name<br>Pellet samples  |   |   | î  |
|   | SAMPLE PREPARATION  |   |   | 11 |
|   | Sample Method Statement<br>Samples (-300mg) will be ground using a mottar and pestle in a fume cupboard to minimize exposure to dust and pressed into a pellet using a die set.<br>Lab costs, salter glustes and gloves will be worn.         | Overall method risk rating United States St | Θ |    |
|   |   |   |   |    |
|   | Diamond Health & Safety Comments  |   |   |    |
|   | None  |   |   | H  |
|   |   |   |   | H  |
| l |   |   |   | 1  |
|   | DEAM INC EVECTIMENT AND EMADOMMENT  |   | _ | d. |
|   |   |   |   | 41 |
|   | Instrument Method Statement<br>Pells will be placed in a sample rack and transferred to the beamline, where they will be measured at room temperature. After measurement samples<br>will be removed and disposed of info containers provided. | Overall method risk rating     Eve Medium High  | 0 |    |
|   |   |   |   |    |

d. Lab access

Do you need the labs in Diamond to prepare your samples for the experiment? If yes, select 'Yes'.

|  | Cancel Changes Save Changes Authorise & Submit Session ERA Emergency Instrument Move   |
|--|--|
| Submit Session ERA<br>The ERA has not yet been submitted.                      | Deals of Diamond session deadlines can be found at "Prepare for Beamtime". If you submit ERA after the due date, Diamond will endeavour to validate your ERA in time for your session, but this cannot be guaranteed.                                    |
| Submit Investigators<br>The Investigators list has not yet been<br>guaranteed. | Due: Tue 23 Feb 2021<br>submitted. Details of Diamond session deadlines can be found at "Prepare for Beamtime". If you submit investigators after the due date, Diamond will endeavour to make arrangements in time for your session, but this cannot be |
| Investigators  | Will you need to use any of Diamond's peripheral labs to prepare   |
| ERA  | samples for your experiment?* Person enter a value   |
| Samples  | Places solid.  |
| Equipment  | No<br>Var  |
| Experimental Methods   |  |
| Lab Access   |  |
| 🥑 ERA Summary 🔋  |  |
| Notes  |  |
|  |  |
|  |  |
|  | Cancel Changes Save Changes Authorise & Submit Session ERA. Emergency Instrument Move  |

The following window will pop up in which you need to list out all the processes that will be carried out in the lab and the risk assessment for the same.

Make sure you tick all the relevant boxes in the following section. If you require a glove box, and do not request it in the lab form, it will NOT be reserved for your experiment and you will NOT be able to use it.

| PERIPHERAL LAB   |   |   |  |                                     | Free-form Snip                              |       |
|--|---|---|--|-------------------------------------|---|-------|
|  |   |   |  |                                     |   |       |
|  |   |   |  |                                     |   |       |
| HAZARD   |   |   |  |                                     |   |       |
|  |   |   |  |                                     |   |       |
| All investigators coming to                              | Diamond should be familiar with the         | lab standard risk assessments (I S            | PA) that relate to their experiments                         |                                     |   |       |
| These documents can be f                                 | ound on the Diamond website.                | riad standard fisk assessments (co            | nony macherate to men experimenta.                           |                                     |   |       |
| If lab access is required for                            | any of these purposes, please identif       | fy the relevant LSRA(s) within the            | "All processes proposed for the periph                       | eral lab" text box and complete the | highest risk rating as indicated in the LSR | A(s). |
|  |   |   |  |                                     |   |       |
| All processes proposed for th                            | he peripheral lab*                          |   | Diana antes e velue 🔒  | Overall activity risk rating*       | Discus solant a sint action                 |       |
|  |   |   | Flease enter a value 😈                                       | ◯ Low ◯ Medium ◯ High               | Flease select a risk rating 😈               |       |
|  |   |   |  |                                     |   |       |
|  |   |   |  |                                     |   |       |
|  |   |   |  |                                     |   |       |
| Provide any extra safety information                     | on e.g. Laser Gass, biological containmen   | t level                                       |  |                                     |   |       |
| How could the sample enter t                             | the person's body; consider all step        | s of the process                              | C For extent   |                                     |   |       |
|  |   | U Skin contact                                | □ Eye contact  |                                     |   |       |
|  |   |   |  |                                     |   |       |
| Hazards associated with the                              | proposed peripheral lab work                |   |  |                                     |   |       |
| Asphyxiant   | Biological                                  | Carcinogen                                    | Corrosive  |                                     |   |       |
| Cryogen  | <ul> <li>Environmental pollutant</li> </ul> | Explosive                                     | Flammable  |                                     |   |       |
| Hot surfaces   | Ionising radation                           | Irritant                                      | Laser  |                                     |   |       |
| Mutagen  | Nanoparticles                               | Non-ionising radiation                        | Oxidiser   |                                     |   |       |
| Pressurised gas  | <ul> <li>Sensitiser</li> </ul>              | <ul> <li>Teratogen</li> </ul>                 | Toxic  |                                     |   |       |
|  |   |   |  |                                     |   |       |
| SAFETY CONTROL MEASU                                     | RES   |   |  |                                     |   |       |
|  |   |   |  |                                     |   |       |
| Safety control measures you                              | will have in place                          |   |  |                                     |   |       |
| Labelled samples   | Hands washed                                | Usinfectant available                         | Shielding in place   |                                     |   |       |
| U Guarding in place                                      | Inert glovebox                              | Fume cuppoard                                 | Powder cabinet   |                                     |   |       |
| cabinet  | General ventilation                         | Suitable storage                              | <ul> <li>Gas monitoring – specify the<br/>species</li> </ul> |                                     |   |       |
| Sharps bin   | Additional external signage -<br>specify    | Access control / restricted                   | Clean or dispose of PPE                                      |                                     |   |       |
| Clean down of work areas                                 |   |   |  |                                     |   |       |
| Personal Protective Equipmen                             | t   |   |  |                                     |   |       |
| Safety glasses   | Disposable gloves                           | Face shield                                   | ✓ Lab coats  |                                     |   |       |
| <ul> <li>Safety shoes</li> </ul>                         | LASER eye protection                        | <ul> <li>Safety goggles</li> </ul>            | Cryo gloves  |                                     |   |       |
| Thermal gloves   | Chemical resistant gloves                   | Cut / puncture / abrasion<br>resistant gloves | <ul> <li>Disposable lab coat</li> </ul>                      |                                     |   |       |
| Emergency measures                                       |   |   |  |                                     |   |       |
| Fire extinguisher - specify ty                           | ype 🗌 Bucket of sand                        | Spill kit                                     | First aider  |                                     |   |       |
| <ul> <li>Lone worker alarm /<br/>arrangements</li> </ul> |   |   |  |                                     |   |       |
| Other  |   |   |  |                                     |   |       |
| Other - specify  |   |   |  |                                     |   |       |
| Detail any other safety contro                           | I measures or additional informatio         | n   | 0  |                                     |   |       |
| None   |   |   |  |                                     |   |       |

Please note that if your experiment involves the use of gases, do not add them to the lab form.

e. ERA summary

Check the summary to make sure you have listed all the samples, methods and their risk assessments and click on 'Authorise and submit'.