**DES Appointment Letter**

Dear [Appointee Name]

**Appointment for Departmental EMF Supervisor (DES)**

Please accept this letter of appointment as a Departmental EMF Supervisor (DES) for [Department].

Your appointment to this position will assist the University in carrying out its duties under the relevant legislation and will assist in implementing the requirements of the University’s Non-Ionising Radiation Safety Code of Practice. The appointment will take effect from [Date].

You will report directly to [details of management with responsibility in the relevant Department] and will liaise with them as appropriate to appraise management as to the effectiveness of the arrangements for implementing EMF safety practices. Meetings may be scheduled or initiated by yourself if you feel it necessary to bring any matter to the attention of management.

The duties that are assigned to the DES include:

* Ensure that an exposure assessment has taken place for equipment producing EMF
* To liaise with and bring to the attention of management any inadequacies identified in working practice or failures in EMF safety procedures
* To act as a responsible person for the purposes of securing compliance with the requirements of the relevant EMF safety legislation and Parts One and Three of the University Non-Ionising Radiation Safety Code of Practice.
* To be aware of the scope of EMF risk assessments and assist in drawing up and approving risk assessments for hazardous EMF sources.
* To supervise the implementation of the Local Procedural Controls Document.
* Keep an inventory of hazardous EMF sources in their area.
* Check that those working with hazardous EMF sources have undertaken appropriate training.
* Notify management where a member of staff deliberately disregards procedures or where the working practice is inadequate or likely to place the University in breach of its legal requirements
* Check that arrangements are in place to ensure that all EMF sources are maintained in good working order via the approved maintenance provider, ensure that records are kept and notify management if this is not the case.
* Ensure that suitable records relating to EMF safety are being kept.
* To seek the advice and consult with the RPU as necessary where circumstances are out of your area of knowledge or confidence.

If you choose to accept this appointment, then please sign this letter, and return it to [Head of School’s Name].

Yours sincerely

[Head of School’s Name] [Head of School’s Title]

I accept my appointment as DES for [Department] at the University of Edinburgh:

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| Name of Appointee: |  | Date: |  |