

**General Risk Assessment form Laboratories**

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| Project Title |
| Person responsible for the work (Principal Investigator) |
| Position of the responsible person |
| Risk Assessment Number |
| Risk Assessment Version (reviews must be numbered sequentially) |
| Number of individuals the risk assessment will cover |
| Person responsible for completing the risk assessment |
| Person responsible for communicating the risk assessment |
| Number and location of the room or rooms and the Research Centre / Institute where the work will be carried out |
| ***Date risk assessment completed*** |
| ***Date the risk assessment is next due to be reviewed*** |

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| **Part 1 Describe the task**  (For work involving chemicals or biological agents the COSHH Risk Assessment form should be used. For work involving radiological agents the Radiation Risk Assessment form should be used. For work involving Manual Handling the Manual Handling Risk Assessment form should be used.) |
| **Part 2 Determine the hazards and the risks that the task poses** |
| ***Equipment Hazard Information***  Does the procedure involve use of any of the following equipment?  Autoclaves  Centrifugation High - Speed 15 – 50,000 Ultra – high centrifugation ≥ 50,000  Electrophoresis Iso-electric Focusing 2-Dimensional Electrophoresis  Sonication  *Lasers*  Class 3 or 4 Lasers Open Source lasers  *Magnetic Fields*  Please indicate the field strength  < 0.1 Tesla   * 1. - 0.5 Tesla   > 0.5 Tesla  > 1.0 Tesla  > 2.0 Tesla  *Magnetic Resonance Imaging*  Human  Animal  *Storage Facilities*  -40 Freezers - 80 Freezers  Cryostores  Dewars  Do the freezers or cyrostores contain Microbes Plant Animal Human  Samples  If the freezers or cryostores contain human samples you should refer to the Human Tissue Act [pages](https://portal.sgul.ac.uk/research/human-tissue-act).  *Operator Training*  Has the operator been trained in the use of the equipment?  Yes No  *Date of Training*  Name of person / organisation who provided the training  Is there other equipment involved that has not been listed above?  Yes No  Please list the equipment |
| ***Physical Hazard Information***  Will individuals (workers or those nearby) be exposed to the following hazards while the work is taking place  Heat  Noise  Poor Lighting  Heavy items  Unpressurised Dewars  Pressurised Dewars  Cold  Frost-bite  Asphyxiation  Slippery Floors |
| ***Other Potential Hazards – Physical or Environmental***  Is there are a potential for the work to cause a fire due to the use of open flames or hot equipment.  Yes No  Is there a potential for floods to occur due to water being used in experiments overnight?  Yes No |
| ***Other Potential Hazards – Patients***  Does the work involve patients  Yes  No  Will the work involve taking blood, saliva, cells or bodily fluids or tissues from the patient  Yes  No  If samples from patients are used please complete a COSHH assessment. |
| ***State the Risks to Health from Identified Hazards*** |
| ***Indicate those who could be affected by the work / task***    (Consider those nearby as well as those undertaking the work.) |
| ***Worker information 1***  Is the worker pregnant Yes No Not Applicable  Does the worker suffer from asthma, rhinitis, or allergies  Yes No Not Applicable  Does the worker have a pre-existing condition that could make them more vulnerable than usual to the work  Yes No Not Applicable  Has the worker been vaccinated Yes No Not Applicable  Will Health Surveillance be required Yes No Not Applicable  ***Worker information 2***  Is the worker pregnant Yes No Not Applicable  Does the worker suffer from asthma, rhinitis, or allergies  Yes No Not Applicable  Does the worker have a pre-existing condition that could make them more vulnerable than usual to the work  Yes No Not Applicable  Has the worker been vaccinated Yes No Not Applicable  Will Health Surveillance be required Yes No Not Applicable  ***Worker information 3***  Is the worker pregnant Yes No Not Applicable  Does the worker suffer from asthma, rhinitis, or allergies  Yes No Not Applicable  Does the worker have a pre-existing condition that could make them more vulnerable than usual to the work  Yes No Not Applicable  Has the worker been vaccinated Yes No Not Applicable  Will Health Surveillance be required Yes No Not Applicable |
| ***Safety measures currently in place***  Control Measures: *(for example extraction, ventilation, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers.* *Take account of those substances that are produced from activities undertaken by other’s nearby.* |
| **Part 3 Indicate the level of the risk the task poses using current safety**  **Measures**  Explain the reason for your decision (Risk could be Low / Medium / High) |
| ***Low Risk using current safety measures / precautions*** |
| ***Medium Risk using current safety measures / precautions***  Where work presents a medium risk of harm occuring additional safety measures should be put in place to lower the risk and part 4 of the form must be completed. |
| ***High Risk using current safety measures / precautions***  Where work presents a ***high*** risk of harm occuring additional safety measures must be put in place with aim of reducing the level of risk to at least medium and if possible ***low***. Part 4 of the form ***must*** be completed. |
| **Part 4 Determine ways to further control the risks** |
| ***Personal Protective Equipment***  Respiratory Protection Yes No Not Applicable  Gloves Yes No Not Applicable  Eye Protection Yes No Not Applicable  Other (please define) |
| ***Waste Disposal Procedures***  Autoclave Sharps Bin Cytotoxic Bin Pharmacy Yellow Bag  Other (Please detail) |
| ***Spill / Emergency Procedures*** |
| ***First Aid Procedures*** |
| ***Risk Control***  Are the risks associated with the project adequately controlled Yes No  Please state you reason |
| **Part 5**  **Implementation and Communication of the Risk Assessment**  Date of completion of Assessment  Name of Assessor  Who is responsible for communicatuing this assessment to other staff  Names and Signatures of those covered by this assessment |
| **Part 6 Review of Risk Assessment**  Completion date of assessment  Review date of assessment |