Assessment reference

# Health and Safety Risk Assessment for Project/Activity involving Hazardous Substances

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| **School / Dept / Unit** |  |
| **A: Identifying workplace hazards and existing control measures** | |
| **1. Brief summary of work activity or project assessed** |  |
| **2. Brief list of key stages of process** |  |
| **3. List significant hazards** | **Biological Hazards:** *please include details in section 5 including hazard group and routes of transmission.*! *Please note : For hazardous biological agents or GM risk assessment form should also be completed and, where necessary, approved by the Sub-committee for Biological agents*  **Chemicals:** *please complete section 5*  **Other significant hazards** (e.g. heat, sharps etc): *please fill in table below with significant hazards involved in process and the control measures.*   |  |  |  | | --- | --- | --- | | **Hazard** | **Harm** | **Control measures** | |  |  |  | |  |  |  | |  |  |  | |  |  |  | |
| **4. List who might be exposed to the hazards** *(e.g. staff, students, visitors, consider numbers at risk)* | Staff/students carrying out the activity  Other students/staff in the vicinity  Contractors, cleaners, maintenance staff  Others, please specify : |

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|  | **5. COSHH Assessment**  Please Mark relevant hazards and control measures with an **X** | | | | | | | | | | | | | | | | | | | | | |
| **Hazards** | | | | | | | | | | | | | | **How might they cause harm (including routes of exposure** | | **Control measures**  **(please specify types of eye protection/gloves)** | | | | | | |
| Substance | | Form | Volumes used | Corrosive | Irritant | Harmful | Toxic | Carcinogenic | Oxidising | Flammable | Explosive | Environmental | Biological | List how these cause harm and routes of exposure | WEL | Fume cupboard | Microbiological safety cabinet | Laboratory coat | Eye protection | Gloves | Respiratory protection | Other /details\* |
| Form | g/L | C | Xi | Xn | T | Car | O | F | Ex | Env | Biol | FC | MSC | Coat | Eyes | Glov | RPE |
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*Add more rows if required*

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| **B: Prevention of Exposure** | | | |
| **Prevention of exposure** | Yes | No | Details/Justification |
| **Can any of the substances be eliminated from the process?** |  |  |  |
| **Can any of the substances be substituted by a safer alternative or a safer form of the same substances?** |  |  |  |
| **Can the method of work be changed so that the operation giving risk to exposure is no longer necessary?** |  |  |  |
| **Are measures in place to exclude non essential personnel from the area?** |  |  |  |

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| **C: Assessing the level of risk and further action needed *(please check relevant box)*** | | | | | |
| **7.1 How severe is any injury or health effect likely to be?** | **Tick one box**  (**S** =score given in brackets) | **Minor**  (1) | **Serious**  (2) | **Major**  (3) | **Fatal**  (4) |
| **7.2. How likely is exposure to the hazard?** | **Tick one box**  (**P** =score given in brackets) | **Very unlikely** (1) | **Unlikely**  (2) | **Possible**  (3) | **Likely**  (4) |
| **7.3. Calculate the risk score by multiplying the 2 scores in Q7.1 & 7.2** | **Risk Score**  **(s x P) =** | **Low**  (1−3) | **Medium**  (4−6) | **High**  (8−9) | **Very High**  (12−16) |

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| **8. Further action to be taken to** | **Action to be taken by whom?** | **Time Scale** | **Signed off (Initials and date)** |
| **a) Immediately (to make the situation safe / reduce risk to health)** | | | |
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| **b) To reduce the risk as low as reasonably practicable** | | | |
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**D: Waste Disposal**

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| **Please provide details on disposal of chemical and/or biological waste including any special requirements.** |
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**E: Emergency procedures**

**Spillages:**

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**First Aid:**

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| **In case of contact with eyes** |  |
| **In case of skin contact** |  |
| **In cause of ingestion** |  |
| **In cause of inhalation** |  |
| **Special First aid considerations:** | |

**F: Health Surveillance** *please provide details of chemicals or biological material which may require health surveillance*:

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| **Do any of the chemicals listed above require health surveillance?** |  |
| **Is health surveillance required for the use of biological agents (if any)** |  |

**Risk Category for Supervision**

Inexperienced at procedure: work must not be started without direct supervision by a named supervisor

Experienced worker: work may proceed as workers are trained and competent in the procedures involved (as approved by supervisor or area H&S coordinator

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| **Name of Assessor:**  **(please print)** |  |  |
| **Signature of Assessor:** |  | **Date:** |
| **Assessment checked by:** |  | **Date** |
| **Signature of Head of Dept/School/Unit:** |  | **Date:** |
| **Date for Review:** | Maximum 12 months for date of assessment or if procedure changes | **Date:** |

**Read and Understood by:**

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| --- | --- | --- |
| **Name of Lab worker (please print)** | **Signature** | **Date:** |
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