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.*

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| **Hazard** | **Harm** | **Control measures** |
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| **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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