

Risk Assessment Record

Department	Centre for Biological Engineering
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Item Description	ViCell Automated Cell Counter
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Location	CBE H21
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Date	18/10/2010
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Highest Risk Rating	Medium Risk
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Review Date	
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Assessor	Elizabeth Ratcliffe
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Comments	The ViCell automated cell counter is a bench-top automated cell counter that performs cell count and viability measurements using trypan blue stain.
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Signature	Date	
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Supervisor	Professor David Williams
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Comments	
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Signature	Date	27/10/10
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Safety Officer	R.I. Temple
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Comments	
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Signature	Date	28/10/10
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Personnel at Risk

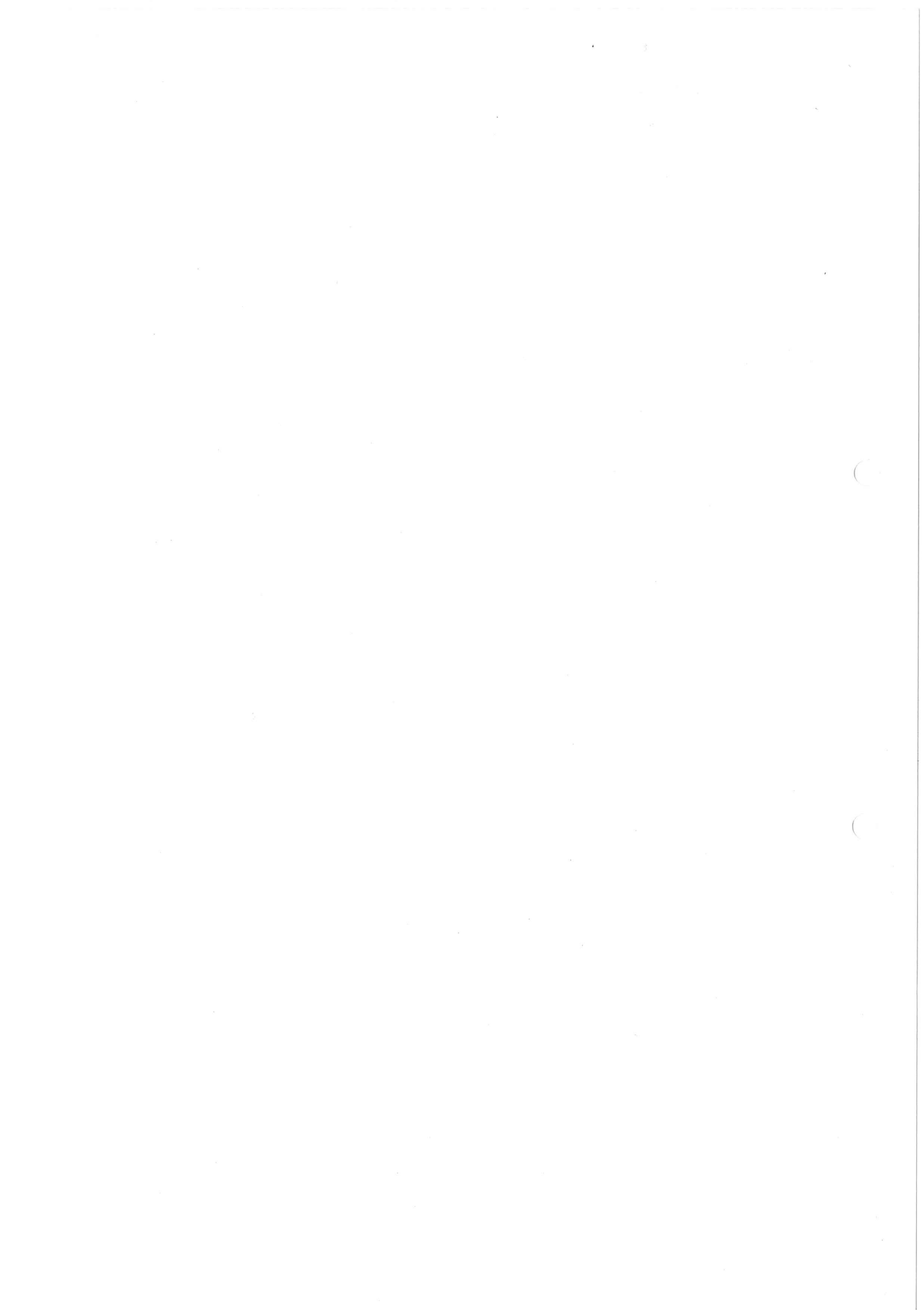
The Health & Safety at Work Act requires that you ensure, so far as is reasonably practicable, the health and safety of yourself and others who may be affected by what you do or fail to do. Indicate using the groups listed below the individuals (restricted high-risk users) and numbers of people (e.g. with restricted user privileges or unrestricted access) who may be at risk from the hazards. Classify the *maximum* level of activity/exposure to the equipment to be permitted for each group/individual using the categories indicated below.

Activity/Exposure Categories

- | | |
|------------------------------------|-------------------------------|
| 1. Reconfiguration (high exposure) | 5. Supervised reconfiguration |
| 2. Maintenance | 6. Supervised normal use |
| 3. Normal use | 7. Supervised observation |
| 4. Unsupervised observation | 8. Prohibited (no exposure) |

Personnel Groups

Group	Individuals/Numbers	Activity/Exposure
<input type="checkbox"/> + <input type="checkbox"/> -	Academic Staff	Normal use
<input type="checkbox"/> + <input type="checkbox"/> -	Technical Staff	Normal use
<input type="checkbox"/> + <input type="checkbox"/> -	Research Staff Elizabeth Ratcliffe	Normal use
<input type="checkbox"/> + <input type="checkbox"/> -	Project Students	Normal use
	Others None	Normal use



Hazard Checklist

Indicate below whether or not a hazard is present for *each* type listed.

Category 1: Machinery & Work Equipment: Mechanical Hazards

Type	Yes	No
Crushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cutting/severing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Entanglement.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drawing-in/Trapping.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Impact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stabbing/puncture.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Friction/abrasion.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other mechanical hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 1: Machinery & Work Equipment: Electrical Hazards

Type	Yes	No
Direct contact	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indirect contact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrostatic phenomena	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Short circuit/overload.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Source of ignition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical test labels current.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other electrical hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 2: Workplace

Type	Yes	No
Slips/trips/falls on a level	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falls from a height	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falling/moving objects/materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Striking objects.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Localised hot surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Localised cold surfaces.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage and stacking.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined work area (knocks).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined space/lack of oxygen.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other workplace hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 3: Hazardous Substances

Type	Yes	No
Toxic fluids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Toxic gas/mist/fumes/dust.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flammable liquids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flammable gas/mist/fumes/dust	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High pressure gas/fluid.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High pressure fluid injection	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Corrosive substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irritants/sensitising substances.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Oxidising substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explosive substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Biological substances (infection).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other substance hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 4: Work Activity

Type	Yes	No
Highly repetitive actions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stressful posture	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Awkward/heavy lifting/handling.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental overload/stress.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Visual fatigue (e.g. >3 hours VDU)...	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor workplace design.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of hand tools	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other work activity hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Assessment Record

Assessment No. [SAF/CBE/45.....__]

Category 5: Work Organisation

Type	Yes	No
Contractors/service.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Other work organisation hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 6: Work Environment

Type	Yes	No
Significant noise.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Significant vibration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor/excessive lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Hot/cold ambient temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other work environment hazard(s)....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 7: Other Hazard Types

Type	Yes	No
Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Substance abuse.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 8: Outdoor Work

Type	Yes	No
Outdoors on campus.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outdoors off campus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overseas fieldwork.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Site visit: construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Site visit: non-construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Hazards: Radiation

Type	Yes	No
Radiation: Lasers.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: Electromagnetic effects ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>

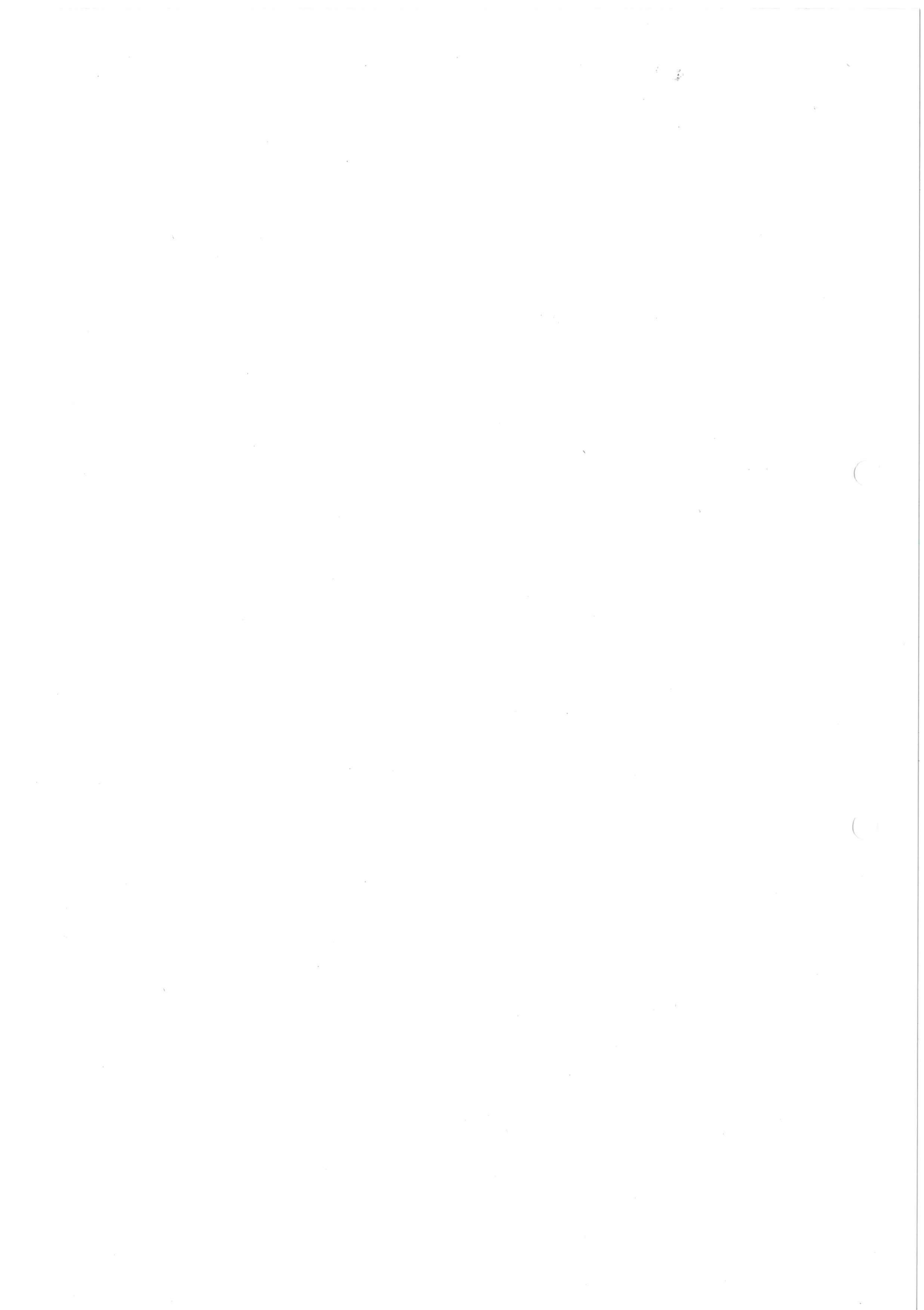
Type	Yes	No
Radiation: Ionising/non-ionising	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other radiation hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Hazard Assessment

Describe the hazards identified above on the following pages. For each hazard assess the risk to health and safety using the risk rating formula and categories indicated below.

Risk Calculation

Severity	×	Probability	=	Risk
Major = 3 (e.g. death, major injury as per RIDDOR, irreversible health damage)		High = 3 (where certain or near certain harm will occur)		High = 6,9
Serious = 2 (e.g. injuries causing >3 days absence or reversible health damage)		Medium = 2 (where harm will frequently occur)		Medium = 2,3,4
Minor = 1 (e.g. first aid treatments and other lost time)		Low = 1 (where harm will seldom occur)		Low = 1



Hazard Risk Rating

Activity	Groups at risk	Hazard Description	Controls in place	Severity	Probability	Risk	Action needed? Yes No
Normal use	All Operators	<p>The ViCell uses approximately 500µL Trypan Blue (0.4%) per sample and samples are prepared automatically within the ViCell. Trypan blue is a possible Cancer Hazard. The risk of cancer depends on exposure type, level and duration. Trypan Blue may be harmful if swallowed or inhaled, or cause irritation if exposed to eyes, skin, or respiratory tract.</p> <p>The ViCell is used to count cells in biological samples</p>	<p>All users will read and follow all warnings, precautions, instructions and other safety and handling information on the label. Refer to COSHH assessment and SOP029 Safe Handling and Disposal of Trypan Blue prior to working with Trypan Blue and the ViCell system. This will be documented in Personal Training Files.</p> <p>Manipulations involving cells will be conducted in accordance with the relevant biological risk assessment.</p>	Minor	Low	Medium	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Add Row

Delete Row

Risk Reduction

Physical

Determine whether the risk to health and safety can be reduced by modifications to the equipment or workspace, especially for those hazards identified as having medium to high risk. List planned action and completion dates below.

Hazard	Action to be taken	Responsible Personnel	Completion Date

Add Row	Delete Row
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Procedural

Determine and indicate below whether acceptable levels of risk to health and safety can only be achieved when equipment use must follow prescribed procedures, and/or where use must be restricted to specified personnel. Prepare and attach user guides, user restriction and other HSE documents as appropriate. Contact the Department Safety Officer for guidance/assistance as necessary.

Item	Yes	No
Does the equipment/process need an operating procedure document?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Must protective equipment be worn to use the equipment/process safely? (cf. Personal Protective Equipment (PPE) regulations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, have the users been adequately notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, is suitable protective equipment available for all potential users/observers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Should the use of this equipment be restricted to certain qualified personnel?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, has a list of permitted users been prepared, appended to this form and displayed near the equipment?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Is training required to use the equipment/process safely?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, have all identified users been adequately trained?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the equipment have a CE mark?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If not, does the equipment need a separate Machinery Risk Assessment?	<input type="checkbox"/>	<input type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If a lifting hazard has been identified is a manual handling assessment required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input type="checkbox"/>
If hazardous substances will be in use, is a COSHH form required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the equipment involve the use of lasers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has a laser description form been completed and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

