Centre for Biological Engineering		
Document Ref: FSOP048	Issue no v3.1	Issue Date 18-Dec-12

## RISK ASSESSMENT REVIEW/REVISION RECORD

Risk Assessment Ref No:		Version Number
RISK Assessment Rei 140:	CBE/BRA/147	
		V2

This risk assessment should be reviewed annually or more frequently if there is any change in the work, or if new information becomes available that indicates the assessment may no longer be valid. This form should be attached to the front of the current version of the risk assessment or to the new version of the risk assessment if one is issued

The following review has been carried out on the dates indicated and either the assessment		
remains valid or it has been amended as indicate	d.	
Name(s) of reviewer: Tara Hardy	Date: 20.9.23	
Signature:	or at appropriate has given advantable or an	
Reason for Review:		
Same protocols to be used with Bulk metallic gla	sses by a new member of staff.	
Tara Hardy (me) is as new member of staff. I have	undergone training for the lab.	
Hugo Bell and Willow Hall are no longer part of the	e project.	
Revision Required (Y/N)	Y	
If Yes, give details of the revision:		
Bulk metallic glasses will now be used as the mater	rial to grow cells on.	

Issued by: P.Hourd	Authorised by: R.I.Temple	Page 1 of 3
	RS Temple	

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Approval:	di la selembra de salte da referencia de se
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Instructions for Reviewer:  1. The completed form should be forwarded to the CE	DE O L'A M
1 minutes to the C2	
revision (See Guidelines GN006 & GN007) will red	
supervising the work and subsequent review and ap	
authority. This may require a revised version of the approval.	e risk assessment to be issued for re-
2. Where an annual review concludes that the risk ass	sessment is still valid ie no revision is
required, this should be recorded and the complete	d form forwarded to the CBE Quality
Manager.	
Name of Approver: Kulvindar Siland	Date: 27/09/22
Position: LAB MANAGER.	27/09/23
Signature:	ensite se di te canto suigi est se
Name of Approver:	Date:
Position:	choice and thospilland country colleges with the
Signature:	
Name of Approver:	Date:
Position:	
Signature:	
Name of Approver:	Date:
Position:	

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	RI Temple	

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