

Safety Documentation

Please select the forms you require by selecting the check boxes below.
You can select more than one.

Method Statement **Risk Assessment** **Chemicals COSHH**

Once you have made your selections, scroll down and complete the forms.

Buttons: [+] will add a row to a list [- X] will delete a row from a list

You may save this file to a local drive at any time.
When you have finished, save the file to a local drive and email it to your supervisor for authorisation.

Supervisors - There is a sign-off section at the end of the document set that must be completed.

Staff may "self authorise", (as a supervisor), but the forms must still be submitted to the DSO for approval.

IMPORTANT:

YOU **MUST NOT** START ANY PRACTICAL WORK UNTIL THESE FORMS HAVE BEEN RETURNED TO YOU
WITH **BOTH** YOUR SUPERVISOR'S AND DSO'S APPROVAL SIGNATURES ATTACHED.

Please complete these fields

School or Service	Wolfson School of Mechanical, Electrical and Manufacturing Engineering
Department	Centre for Biological engineering
Originator name	Eleanor Knight
email address	e.knight@lboro.ac.uk
Location	Garendon Wing, Holywell Park
Project / Activity / Task	Use of Penicillin/streptomycin in cell culture media
Supervisor Name	Carmen Torres-Sanchez

Process Risk Assessment Form (Continued)

Keep working area clear and tidy Clear away any spills utilising spill kits or absorbent materials Remove potential trip hazards from the floor	Slightly	Slightly	X	
			Residual Risk	
			Low	
People / Groups at risk	Operator and people in proximity			X
Enter risk details here:-	Impact	Probability	Risk Score	
Emergency	Slightly Harmful	Unlikely	Low	
What are the control measures?	Lowers Impact	Lowers Probability	+	
Take note of fire evacuation plans - know exit points If fire alarm sounds continuously make equipment/materials safe and evacuate the building. Only return when informed that it is safe to do so	Slightly	Slightly	X	
			Residual Risk	
			Low	
+ Add another Risk				

Who may be at risk as a result of this activity?

Personnel Group	Maximum (Task setup/ Re-configuration)	High (Performing the task)	Medium (Observing the task)	Low (Present, but not involved)	Lone Working (Out of hours)	No Exposure Permitted	Total
Academic Staff	0	0	0	0	0	0	0
Technical Staff	0	0	0	0	0	1	1
Research Staff (PDRA)	0	2	0	0	0	0	2
Research Students (PhD)	0	0	0	0	0	1	1
Students (Undergraduate / MSc)	0	0	0	0	0	1	1
Visitors	0	0	0	0	0	1	1
Others - Over-type as needed	0	0	0	0	0	1	1
Total	0	2	0	0	0	5	7

With these controls in place, the risk is:

The activity is LOW RISK - and is effectively controlled

Process Risk Assessment Form (Continued)


COSHH Form

Reference

Location

Originator

Project / Activity / Task

CHEMICAL NAME				Hazard Rating <input type="text" value="High"/>		OVERALL RISK: <input type="text" value="Low"/>
<input type="text" value="Penicillin Streptomycin solution"/>						
CAS No. <input type="text"/>	Amount used <input type="text" value="5"/> <input type="text" value="ml"/>	Period of use (hrs) <input type="text" value="4"/>	The process is: <input type="text" value="Semi Closed"/>	Physical State: <input type="text" value="Non-Volatile Liquid"/>	<input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Inhaled <input type="checkbox"/> Ingested	Exposure Potential <input type="text" value="Low"/>
W.E.L. (Itel / stel) <input type="text"/>						

This chemical has a high health risk associated with it.

Hazard Statement and Description	Precaution Statement and Description	+
<input type="text" value="H361 Suspected of damaging fertility or the unborn child."/>	<input type="text" value="P280 Wear protective gloves/protective clothing/eye protection/face protection."/>	x
<input type="text"/>	<input type="text" value="P202 Do not handle until all safety precautions have been read and understood."/>	x
<input type="text"/>	<input type="text" value="P308 + P313 IF exposed or concerned: Get medical advice/attention."/>	x
Justify the use of this chemical:	Penicillin/Streptomycin solution will be added to cell culture media at a 1:100 dilution to prevent the contamination from adventitious agents. Preventative antibiotics are necessary to protect the user and ensure robust results	
How will the precautions listed above be implemented?		
When using the stock solution suitable PPE should be worn including lab coat, gloves, eye protection. The solutions will be handled in a biological safety cabinet. Stock solutions will be diluted 100x into cell culture media soon after thawing		
Special Storage and Containment Measures	Disposal Method	+
<input type="text" value="Keep in properly labelled containers,"/>	<input type="text" value="Aqueous waste - the solution will be disposed of after being diluted in cell culture media, it will be diluted further in Virkon in aspiration bottle. Virkon treated waste is disposed off down the drain after being treated for 24 hours see SOP004"/>	x
How will spillages be dealt with?	<i>Please note: any material used to clean up a spill of hazardous material must also be disposed of as hazardous material. Click here to see spill procedures</i>	
<input type="text" value="Absorbent cloth / tissue as per instructions in SOP038"/>		

[+ Add another chemical](#)

Statement of work (Process to be undertaken)

[Show image](#)

Personal protection requirements not covered in the precaution statements above.

Sources of information and references

Reference to existing approved Risk Assessment

With the current controls, the risk of using these chemicals is:

COSHH Form (Continued)

Supervisor to check that the process involving the safe use of these chemicals has been satisfactorily evaluated

Supervisor and Departmental Safety Office (DSO) Sign-off.

Supervisors

Please check the documents above and if you want to approve them:

- 1) Electronically sign this document
- 2) Save it to a local drive (You will be prompted to do this)
- 3) eMail the signed document to the DSO.

DSO

Please review the documents above and if you want to approve them:

- 1) Enter the reference numbers as appropriate
- 2) Electronically sign this document
- 3) Save it to a local drive (You will be prompted to do this)
- 3) eMail the signed document to the originator

IF YOU DO NOT WANT TO AUTHORISE THE FORMS,

Please do not sign the form, but click the "Not Approved" check-box and return it to the originator by email stating why and what you expect them to do to put it right in the comments box below.

Not Approved

Supervisors Signature

Form Reference Numbers

Risk Assessment

SAF/MEME/7789

Method Statement

COSHH Assessment

SAF/MEME/1804

DSO Signature

This document set must be reviewed and re-approved at the following times:

- 1) After the first occurrence of the activity described above (Review only)
- 2) After any change to the procedure or reagents used
- 3) After any incident resulting from this activity
- 4) At least annually from the date of approval

Next Review:

25 Oct 2024

Review comments