

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 [-] 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	CBE - Holywell Park
Originator name	Prof Carmen Torres-Sanchez
email address	c.torres@lboro.ac.uk
Location	CBE lab H23
Project / Activity / Task	Lone Working during Office Hours (not intending to work outside 8am-6pm or on weekends)
Supervisor Name	Line manager : The Dean of the School Prof P P Conway

CBE - Holywell Park

Safety Method Statement

Reference SAF/MEME/8172

Location CBE lab H23

Originator Prof Carmen Torres-Sanchez

Project / Activity / Task Lone Working during Office Hours (not intending to work outside 8am-6pm or on weekends)

What equipment will be used in this activity?

	+
Biological Safety Cabinet	X
Incubator (check correct functioning)	X
Centrifuge	X
Microscope	X
Nucleocounter	X
Microplate reader	X
Fridge and freezers (retrieval/deposit of materials and check correct functioning)	X
Peristaltic pump (checking correct functioning)	X
Water bath	X

What training must be completed to do this activity?

	+
All equipment listed below; SOPs and Risk Assessment of the above; Training that has been completed during Induction and Onboarding	X

What chemicals are being used? (These must be included in the COSHH Form)

	+
none - no chemicals are intended to be used during lone working/outside CBE hours	X

Spill and accident procedures.

	+
CBE SOP038 - Biological Spill Response	X

Procedure in the event of an emergency. (How to leave the process in a safe condition in such an event)

	+
Microscope, Microplate reader, nucleocounter, centrifuge, etc - leave as is and walk away. If needed, unplug from mains.	X
Incubator, fridge/freezer, water bath - close doors (lid), leave as is and walk away.	X
Pump - unplug from mains	X
Material and work ongoing in BSC - cap all bottles and flasks. Shut the sash and walk away	X
Evacuate area, inform Security (888 from red phones or 01509 222 141 from any other phone)	X

References.

	+
CBE BRA 147 version 4 (April 2024)	X

Detailed sequential description of the process

Process step	Precautionary measures and comments	
This Risk Assessment is intended for tasks carried out during CBE working hours (8am to 6pm Monday to Friday) but that, for circumstances, the labs/building are found locked up during those days and hours and access is needed to continue the work.		X

Safety Method Statement (Continued)

Process step	Precautionary measures and comments	+
It is not my intention to work in the evenings or weekend days		X
As part of the tasks covered in CBE BRA 147, maintenance of cells in culture (feeding them, rinsing them, counting them, passaging them). In the event that cells need frozen, these will be placed in a -80C freezer temporarily and long term cryo-storing postponed until there are others in the building/labs. These tasks will take place in Lab H23	Since cell maintenance does not require the use of chemicals (i.e. only cell culture and PBS - both non toxic substances with no COSHH required), the precautionary measures are related to my own safety: - Alert a colleague(s) (in Wolfson or elsewhere) of my location and intended timeframe - When outside official working hours: Complete the Holywell 'Out of hours' register: www.lboro.ac.uk/services/security/out-of-hours - Fill in the 'Out of Hours' logbook in CBE - Use the University Lone working app	X
If I find myself alone in the building during official working hours (8am to 6pm Mon to Fri), I will minimise use of equipment, but the exception might include the use of centrifuges, computers to run software (e.g. nucleocounter or microplate reader), and I will minimise the use of any reagent (eg dye for the microplate reader).	All relevant protocols will be adhered to, and standard PPE work at all times, as per instruction If there is no-one else in the vicinity, then Security should be informed that I will be lone working for a given period of time.	X
If my activity overflows into hours before or beyond official working hours, I will postpone any activity that goes beyond keeping the cells alive, the bare minimum to the tests, and execute/continue other tasks when others are around.	Protocols for cells feeding, rinsing, passaging, and waste collection to be adhered to. Wear PPE. Inform a colleague of my whereabouts. Ensure locking up procedure is followed when leaving the labs/ building (i.e. locking doors, windows, etc) behind me.	X
I shall not use chemicals outside working hours		X
I shall not access cryostores outside working hours		X
I shall not move equipment (or parts of) outside working hours		X
I shall not attempt to move large objects (eg emptying the water bath) outside working hours		X
I shall not use the autoclave(s) within working hours if i am the only one in the labs or under no circumstances outside working hours		X
I shall not perform any cleaning or mopping of the floor when working alone or outside working hours due to the risk of slippage on the floor (except if absolutely necessary in the case of a spill that cannot wait)	If spillage has taken place and NOT been adequately cleaned then this information must be passed on to 'others' (including lab managers) that share/work in this lab area so that it can be cleared away later	X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X

Safety Method Statement (Continued)

		X
--	--	---

Risk Assessment

Reference

Location

Originator

Project / Activity / Task

Is this process risk assessment for a : Laboratory / Workshop General use Event

Category 1: Machinery & work equipment:				
Design and Construction	Mechanical hazards	Electrical hazards	Radiation hazards	
In-house constructed	Entanglement	Electrical test lables current	N/A	+
Other Design hazard (the above refers to our custom design dynamic flow unit, which might be working in the lab outside working hours)	Other Mechanical hazard (catching fingers in doors, eg incubator or centrifuge)	Electrical test lables current		+
Category 2: Workplace				
Localised hot surfaces				+
Slips/Trips/Falls on the level				+
Localised cold surfaces				+
Category 3: Hazardous and/or Harmful substances				
Other Substance related hazard (working with biological substances eg cells and their media, additives, etc)				+
Category 4: Work activity				
Lone working out of hours				+
Category 5: Work organisation				
N/A				+

Explain the risks associated with these hazards				
People / Groups at risk	<input type="text" value="Operator only"/>			+
Enter risk details here:-	Impact	Probability	Risk Score	
<input type="text" value="Lone working with biological and related substances"/>	<input type="text" value="Slightly Harmful"/>	<input type="text" value="Highly Unlikely"/>		
What are the control measures?	<input type="text" value="Lowers Impact"/>	<input type="text" value="Lowers Probability"/>	+	

Process Risk Assessment Form (Continued)

<p>Follow procedures, SOPs and Risk Assessments as trained and instructed during Induction and Training and tasks for this assessment in conjunction with CBE BRA 147 V4..</p> <p>If working alone during official working hours: inform a colleague and minimise use of equipment, chemicals, etc</p> <p>If working outside working hours: no use of chemicals or equipment.</p> <p>Stick to the most basic tasks to ensure the cells stay alive until the next working day.</p> <p>Ensure mobile phone is with me at all times.</p> <p>Log in/out the CBE Lone Hours Log Book, and Lone Working Univ App</p> <p>Ensure Emergency Numbers are on the wall near me, or pre registered on my phone</p> <p>If working alone then inform Security of your location - also inform them when you are leaving the location</p>		Moderately	Moderately	x	
				Residual Risk	
				Low	
People / Groups at risk		Operator only			x
Enter risk details here:-		Impact	Probability	Risk Score	
Biological Spill		Slightly Harmful	Unlikely	Low	
What are the control measures?		Lowers Impact	Lowers Probability	+	
<p>Follow instructions as per SOP038</p> <p>Be fully aware of CBE waste disposal procedures</p> <p>Given the activity will be minimal to maintain cells alive and ests running, the spillage should be of small quantities.</p> <p>Use Biological spill kit to clean it up.</p> <p>No chemicals to be used outside official working hours.</p> <p>If the floor is wet (eg water or non-chemical substances), I will consider leaving it to dry until the following day, or soak it with paper towels, making sure i am not going to slip in the process. I will not attempt to mop the floor, wetting a larger area in the lab.</p>		Moderately	Slightly	x	
				Residual Risk	
				Low	
People / Groups at risk		Operator only			x
Enter risk details here:-		Impact	Probability	Risk Score	
Use of electrical equipment		Slightly Harmful	Highly Unlikely		
What are the control measures?		Lowers Impact	Lowers Probability	+	
<p>This refers to fridges, freezers, centrifuges, incubators, peristaltic pump (if this is running), BSCs and PCs.</p> <p>All of those should be in good working condition and with current PAT testing labels on. Visual check of cables and connectors for looseness or damage is recommended prior to use</p> <p>No special, out of norm, equipment to be used when working alone (eg crane or autoclave)</p>		Moderately	Slightly	x	
				Residual Risk	
				Low	
+ Add another Risk					

Process Risk Assessment Form (Continued)

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
-----------------	---	-------------------------------	--------------------------------	------------------------------------	--------------------------------	-----------------------	-------

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	1	0	1
Technical Staff	0	0	0	0	0	0	0
Research Staff (PDRA)	0	0	0	0	0	0	0
Research Students (PhD)	0	0	0	0	0	0	0
Students (Undergraduate / MSc)	0	0	0	0	0	0	0
Visitors	0	0	0	0	0	0	0
Others - Over-type as needed	0	0	0	0	0	0	0
Total	0	0	0	0	1	0	1

With these controls in place, the risk is:

The activity is LOW RISK - and is effectively controlled

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/8172

Method Statement

SAF/MEME/8172

COSHH Assessment

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:

24 Sep 2025

Review comments

Tasks listed here in line with RA CBE BRA 147 V4