

## Safety Documentation

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

**Process Risk Assessment**       **Method Statement**       **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	PRAVEENKUMAR KAVERI
email address	P.Kaveri@lboro.ac.uk
Location	H34 & T.2.08b
Project / Activity / Task	Enzyme linked Immunosorbent Assay ( ELISA)
Supervisor Name	Dr. Sourav Ghosh

### Process Risk Assessment

Reference

Location

Originator

Project / Activity / Task

Is this process risk assessment for a :  Laboratory / Workshop  Office

Category 1: Machinery & work equipment:				
Design and Construction	Mechanical hazards	Electrical hazards	Radiation hazards	
<input type="text" value="N/A"/>	<input type="text" value="N/A"/>	<input type="text" value="Electrical test labels current"/>	<input type="text" value="N/A"/>	+
<b>Category 2: Workplace</b>				
<input type="text" value="N/A"/>				+
<input type="text" value="N/A"/>				x
Category 3: Hazardous and/or Harmful substances				
<input type="text" value="Irritant substances"/>				+
<input type="text" value="Irritant substances"/>				x
Category 4: Work activity				
<input type="text" value="N/A"/>				+
<input type="text" value="N/A"/>				x
Category 5: Work organisation				
<input type="text" value="N/A"/>				+
<input type="text" value="N/A"/>				x

#### Explain the risks associated with these hazards

People / Groups at risk	<input type="text" value="Operator only"/>			x
Enter risk details here:-	Impact	Probability	Risk Score	
<input type="text" value="May cause skin irritation or eye irritation"/>	<input type="text" value="Slightly Harmful"/>	<input type="text" value="Highly Unlikely"/>		
What are the control measures?	Lowers Impact	Lowers Probability	+	
<input type="text" value="Wear protective equipment. Keep unprotected persons away. Ensure good ventilation/exhaustion at the workplace. Avoid contact with skin, eyes and clothing. Avoid breathing fumes."/>	<input type="text" value="Significantly"/>	<input type="text" value="Significantly"/>	x	
			Residual Risk	
			<input type="text" value="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	0	0

## 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
Research Staff (PDRA)	1	0	1	0	0	0	2
Research Students (PhD)	1	0	1	0	0	0	2
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
<b>Total</b>	<b>2</b>	<b>0</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>4</b>

**This work involves the use of lasers**

With these controls in place, the risk is:

**The activity is LOW RISK - and is effectively controlled**

# Safety Method Statement

Reference SAF/MEME/6088

Location H34 & T.2.08b Originator PRAVEENKUMAR KAVERI

Project / Activity / Task Enzyme linked Immunosorbent Assay ( ELISA)

What equipment will be used in this activity? +

OmegaFluorostar Microplate reader X

What training must be completed to do this activity? +

Aseptic technique training has been completed. X

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

Synthetic urine solution X

Spill and accident procedures. +

Personal precautions, protective equipment and emergency procedures. Wear protective equipment. Keep unprotected persons away. Environmental precautions: Dilute with plenty of water. Do not allow to enter sewers/ surface or ground water. Methods and material for containment and cleaning up: Ensure adequate ventilation. Use neutralizing agent. Absorb with liquid-binding material (i.e. sand, diatomite, acid binders, universal binders, sawdust). Recommendation: Disposal must be made according to official regulations. Recommended cleansing agent: Water, if necessary with cleansing agents X

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

Wear protective equipment. Keep unprotected persons away. Wear protective equipment. Keep unprotected persons away. Environmental precautions: Dilute with plenty of water. Do not allow to enter sewers/ surface or ground water. Methods and material for containment and cleaning up: Ensure adequate ventilation. Use neutralizing agent. Absorb with liquid-binding material (i.e. sand, diatomite, acid binders, universal binders, sawdust). Recommendation: Disposal must be made according to official regulations. Recommended cleansing agent: Water, if necessary with cleansing agents X

References. +

OSHA HazCom Standard 29 CFR 1910.1200(g) and GHS Rev 03. X

## Detailed sequential description of the process

Process step	Precautionary measures and comments	
Enzyme-linked Aptamer Assay ( ELAA) for validating selected aptamer performance in synthetic urine. The 100 micro-liter of biotin-antibody will be added to streptavidin coated wells on 96 well microtiter plate. Each well will be then separately added with 100µl of bacterial spiked synthetic urine (ranging from 5000 to 100 cells) and then the plate will be covered and incubated for 2 hours at room temperature in the Biological safety cabinet. The plates will be washed three times by filling the wells with 100 µl PBS-0.1% Tween20. The solutions or washes are removed by flicking the plate over a tray containing 1% Virkon solution. About 100µl of diluted antibody (1:1000 dilutions in PBS) to each well and then the plate will be incubated for an hour with gentle shaking. Finally, 100µl of Aptamer or Antibody conjugated FITC (1:2000 dilutions in PBS with 3% BSA or 3% skim milk), will be added to each well.	Wear protective equipment. Keep unprotected persons away.	X


### COSHH Form

Reference

Location

Originator

Project / Activity / Task

<b>CHEMICAL NAME</b>				Hazard Rating <input type="text" value="High"/>		<b>OVERALL RISK:</b> <input type="text" value="Medium"/>
<input type="text" value="Artificial Urine Medium"/>				Exposure Potential <input type="text" value="Low"/>		
CAS No.	<input type="text" value="7732-18-5"/>	Amount used	Period of use (hrs)	The process is:	Physical State	<input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Inhaled <input checked="" type="checkbox"/> Ingested
W.E.L. (Itel / stel)	<input type="text" value="Long-term va"/>	<input type="text" value="2.5"/> ml	<input type="text" value="2"/>	<input type="text" value="Semi Closed"/>	<input type="text" value="Non-Volatile Liquid"/>	

Hazard Statement and Description	Precaution Statement and Description	
<input type="text" value="H335 May cause respiratory irritation."/>	<input type="text" value="No Precaution statements applicable"/>	+
<input type="text" value="H315 Causes skin irritation."/>	<input type="text" value="No Precaution statements applicable"/>	x
<input type="text" value="H302 + H308 Harmful if swallowed or in contact with skin."/>	<input type="text" value="No Precaution statements applicable"/>	x
<input type="text" value="H319 Causes serious eye irritation."/>	<input type="text" value="No Precaution statements applicable"/>	x
<b>How will the precautions listed above be implemented?</b>		
<input type="text" value="Wear protective equipment. Keep unprotected persons away. Ensure good ventilation/exhaustion at the workplace. Avoid contact with skin, eyes and clothing. Avoid breathing fumes."/>		
Special Storage and Containment Measures	Disposal Method	
<input type="text" value="Keep container tightly closed in a dry and well-ventilated place. Store in cool place. Recommended storage temperature 2 - 8 °C or store frozen."/>	<input type="text" value="Aqueous waste - Check with Technician or Supervisor"/>	+
<b>How will spillages be dealt with?</b>		
<input type="text" value="Spill kit"/>		

[+ Add another chemical](#)

Statement of work (Process to be undertaken)

parat

Personal protection requirements not covered in the precaution statements above.

Personal precautions, protective equipment and emergency procedures  
 Wear protective equipment. Keep unprotected persons away.  
 Environmental precautions:  
 Dilute with plenty of water.  
 Do not allow to enter sewers/ surface or ground water.  
 Methods and material for containment and cleaning up:  
 Ensure adequate ventilation.  
 Use neutralizing agent.  
 Absorb with liquid-binding material (i.e. sand, diatomite, acid binders, universal binders, sawdust).

## COSHH Form (Continued)

Sources of information and references

Safety Data Sheet (SDS)  
OSHA HazCom Standard 29 CFR 1910.1200(g) and GHS Rev 03.

Reference to **existing approved** Risk Assessment

Biological risk assessment

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

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/6088

Method Statement

SAF/MEME/6088

COSHH Assessment

SAF/253

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:

08/01/2020

Review comments