

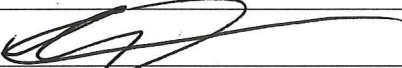
Centre for Biological Engineering		
Document Ref: FSOP048	Issue no v3.1	Issue Date 18-Dec-12

RISK ASSESSMENT REVIEW/REVISION RECORD

Risk Assessment Ref No:	CBE/BRA/119	Version Number
		01

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 indicated.

Name(s) of reviewer: Ruth Reid	Date: 21/01/2020
Signature: 	

Reason for Review:

The reason for the revision is to include Chris Zaleski on the risk assessment and include the additional work that he will be carrying out.


Revision Required (Y/N)	Y
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If Yes, give details of the revision:

Chris will not be handling any biological material. In addition to the work included in the risk assessment, Chris will be carrying out the following additional work:

- ADT analysis of aqueous and phosphate buffer chemical solutions. Testing of a heater element for the ADT instrument. The maximum temperature of the heater is 60°C.
- Implementation of HPLC pumping system to provide continuous mode ADT analysis.
- Testing of the whole instrumentation set – up to ensure that it provides quality of data expected in analytical chemistry.

Approval:

Issued by: P.Hourd	Authorised by: R.I.Temple 	Page 1 of 2
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Instructions for Reviewer:

1. *The completed form should be forwarded to the CBE Quality Manager. NOTE: Significant revision (See Guidelines GN006 & GN007) will require approval by the person supervising the work and subsequent review and approval by the original approving authority. This may require a revised version of the risk assessment to be issued for re-approval.*
2. *Where an annual review concludes that the risk assessment is still valid ie no revision is required, this should be recorded and the completed form forwarded to the CBE Quality Manager.*

Name of Approver: C. Kavanagh	Date:
Position: Experimental Officer	
Signature: 	
Name of Approver:	Date:
Position:	
Signature:	
Name of Approver:	Date:
Position:	
Signature:	
Name of Approver:	Date:
Position:	
Signature:	