

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

**RISK ASSESSMENT REVIEW/REVISION RECORD**

<b>Risk Assessment Ref No:</b>	<b>CBE/BRA/166</b>	<b>Version Number</b>

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: Hanif Ghanbar	Date: 01/10/2019
Signature:	

**Reason for Review:** I would like to work with the iBOBc cell line which is a genetically modified cell lineage. I have been through all the relevant SOPs and the trainings required to handle the relevant cell line. Therefore, I would like to add my name into the biological risk assessment done by Elizabeth Cheeseman with the number mentioned above.

<b>Revision Required (Y/N)</b>	<b>No</b>
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**If Yes, give details of the revision:**

Issued by: P.Hourd	Authorised by: R.I.Temple <i>R.I. Temple</i>	Page 1 of 2
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**Approval:**

*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. Kavanaugh	Date:  1/10/19
Position: Lab manager	
Signature: 	

Name of Approver:	Date:
Position:	
Signature:	

Name of Approver:	Date:
Position:	
Signature:	

Name of Approver:	Date:
Position:	
Signature:	