

## Safety Documentation

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

**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    [- ] 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	Sotiria Toumpaniari
email address	s.toumpaniari@lboro.ac.uk
Location	H27
Project / Activity / Task	Use of Thermo scientific digital mounting bath 230V
Supervisor Name	Prof Sotiris Korossis

### Risk Assessment

Reference

Location

Originator

Project / Activity / Task

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

Category 1: Machinery & work equipment:				
Design and Construction	Mechanical hazards	Electrical hazards	Radiation hazards	
		Short circuit/Overload		+
		Electrical test lables current		x
Category 2: Workplace				
Slips/Trips/Falls on the level				+
				x
Category 3: Hazardous and/or Harmful substances				
Exposure to Covid-19				+
				x
Category 4: Work activity				
Lone working out of hours				+
				x
Category 5: Work organisation				
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:- <input type="text" value="Electrocution"/>	Impact <input type="text" value="Very Harmful"/>	Probability <input type="text" value="Likely"/>	Risk Score Unacceptable
What are the control measures?	Lowers Impact	Lowers Probability	+
<input type="text" value="Bi-annual PAT testing, visual inspection of cables and connectors prior to start"/>	<input type="text" value="Significantly"/>	<input type="text" value="Significantly"/>	x
<input type="text" value="Keep liquids away from mains"/>	<input type="text" value="Significantly"/>	<input type="text" value="Significantly"/>	x
			Residual Risk Low
People / Groups at risk <input type="text" value="Everyone in the room"/>			x
Enter risk details here:- <input type="text" value="Fire due to electrical causes"/>	Impact <input type="text" value="Very Harmful"/>	Probability <input type="text" value="Likely"/>	Risk Score Unacceptable
What are the control measures?	Lowers Impact	Lowers Probability	+

## Process Risk Assessment Form (Continued)

Bi-annual PAT testing, visual inspection of cables and connectors prior to start	Significantly	Significantly	x	
Carbon dioxide fire extinguisher	Significantly	Significantly	x	
			Residual Risk	
			Low	
People / Groups at risk	Operator and people in proximity			x
Enter risk details here:-	Impact	Probability	Risk Score	
Slipping from wax on the floor	Slightly Harmful	Highly Unlikely	Low	
What are the control measures?	Lowers Impact	Lowers Probability	+	
Pick up wax that is on the floor. Ensure that no residue is left	Significantly	Significantly	x	
			Residual Risk	
			Low	
People / Groups at risk	Operator only			x
Enter risk details here:-	Impact	Probability	Risk Score	
Lone working	Harmful	Highly Unlikely	Low	
What are the control measures?	Lowers Impact	Lowers Probability	+	
Permission to work out of hours must be obtained prior to work commencing, and must be adhering to CBE protocols. Sign in using the lone working Power App. Inform security that you are lone working in the building - time of arrival and leaving. Inform a colleague or supervisor that you intend to work independently and state duration. If duration is longer than 2 hours you should be accompanied . Ensure you have a mobile phone at all times.	None	Moderately	x	
			Residual Risk	
			Low	
People / Groups at risk	Everyone in the room			x
Enter risk details here:-	Impact	Probability	Risk Score	
Exposure to Covid-19	Very Harmful	Highly Unlikely	Medium	
What are the control measures?	Lowers Impact	Lowers Probability	+	
Follow all national, local and University Covid-19 guidelines, and respect local Lab rules. Frequent washing / sanitizing of hands / gloves to be carried out. Touch points and surfaces to be cleaned / wiped down after use. Social distancing should be maintained at 2 metre, but 1M+ is allowed where all concerned are wearing face coverings Check local Covid tier rating	None	Moderately	x	
			Residual Risk	
			Low	

+ Add another Risk

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

## 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
Academic Staff	0	1	0	0	0	0	1
Technical Staff	0	1	0	0	0	0	1
Research Staff (PDRA)	1	0	0	0	0	0	1
Research Students (PhD)	0	2	0	0	0	0	2
Students (Undergraduate / MSc)	0	0	2	0	0	0	2
Visitors	0	0	0	0	0	0	0
Others - Over-type as needed	0	0	0	0	0	0	0
<b>Total</b>	<b>1</b>	<b>4</b>	<b>2</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>7</b>

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/6742

Method Statement

SAF/MEME/6742

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:

26 Mar 2022

Review comments