

Risk Assessment Record

Department	Centre for Biological Engineering
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Item Description	Gonotec Osmomat 030 Cryoscopic Osmometer
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Location	CBE Labs H30
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Date	02/04/2012
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Highest Risk Rating	Medium Risk
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Review Date	<i>16/05/2013</i>
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Assessor	Andrew Picken
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Comments	Instructions for use of this instrument can be found in SOP140
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Signature		Date	<i>18/05/2012</i>
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Supervisor	Karen Coopman
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Comments	
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Signature		Date	<i>11/06/2012</i>
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Safety Officer	R.I. Temple
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Comments	
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Signature		Date	<i>16/05/2012</i>
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Personnel at Risk

The Health & Safety at Work Act requires that you ensure, so far as is reasonably practicable, the health and safety of yourself and others who may be affected by what you do or fail to do. Indicate using the groups listed below the individuals (restricted high-risk users) and numbers of people (e.g. with restricted user privileges or unrestricted access) who may be at risk from the hazards. Classify the *maximum* level of activity/exposure to the equipment to be permitted for each group/individual using the categories indicated below.

Activity/Exposure Categories

- | | |
|------------------------------------|-------------------------------|
| 1. Reconfiguration (high exposure) | 5. Supervised reconfiguration |
| 2. Maintenance | 6. Supervised normal use |
| 3. Normal use | 7. Supervised observation |
| 4. Unsupervised observation | 8. Prohibited (no exposure) |

Personnel Groups

Group	Individuals/Numbers	Activity/Exposure
Academic Staff		Reconfiguration
Technical Staff		Reconfiguration
Research Staff	All research staff who have been trained.	Reconfiguration
Project Students	All project students who have been trained.	Supervised reconfiguration
Others		Supervised normal use

Hazard Checklist

Indicate below whether or not a hazard is present for *each* type listed.

Category 1: Machinery & Work Equipment: Mechanical Hazards

Type	Yes	No
Crushing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shearing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cutting/severing	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Entanglement.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drawing-in/Trapping.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Impact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stabbing/puncture.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Friction/abrasion.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other mechanical hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 1: Machinery & Work Equipment: Electrical Hazards

Type	Yes	No
Direct contact	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indirect contact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrostatic phenomena	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Short circuit/overload.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Source of ignition	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical test labels current.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other electrical hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 2: Workplace

Type	Yes	No
Slips/trips/falls on a level	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falls from a height	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falling/moving objects/materials	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Striking objects.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Localised hot surfaces	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Localised cold surfaces.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Storage and stacking.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined work area (knocks).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined space/lack of oxygen.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other workplace hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 3: Hazardous Substances

Type	Yes	No
Toxic fluids	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toxic gas/mist/fumes/dust.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flammable liquids	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Flammable gas/mist/fumes/dust.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High pressure gas/fluid.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High pressure fluid injection.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Corrosive substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irritants/sensitising substances.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxidising substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explosive substances	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Biological substances (infection).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other substance hazard(s).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Category 4: Work Activity

Type	Yes	No
Highly repetitive actions	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stressful posture.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Awkward/heavy lifting/handling.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental overload/stress.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Visual fatigue (e.g. >3 hours VDU)...	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor workplace design.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of hand tools	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other work activity hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Assessment Record

Assessment No. [SAF/CBE/ 71

Category 5: Work Organisation

Type	Yes	No
Contractors/service.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Other work organisation hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 6: Work Environment

Type	Yes	No
Significant noise.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Significant vibration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor/excessive lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Hot/cold ambient temperature	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other work environment hazard(s)....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 7: Other Hazard Types

Type	Yes	No
Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Substance abuse.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 8: Outdoor Work

Type	Yes	No
Outdoors on campus.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outdoors off campus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overseas fieldwork.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Site visit: construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Site visit: non-construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Hazards: Radiation

Type	Yes	No
Radiation: Lasers.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: Electromagnetic effects ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Radiation: Ionising/non-ionising	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other radiation hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Hazard Assessment

Describe the hazards identified above on the following pages. For each hazard assess the risk to health and safety using the risk rating formula and categories indicated below.

Risk Calculation

Severity	×	Probability	=	Risk
Major = 3 (e.g. death, major injury as per RIDDOR, irreversible health damage)		High = 3 (where certain or near certain harm will occur)		High = 6,9
Serious = 2 (e.g. injuries causing >3 days absence or reversible health damage)		Medium = 2 (where harm will frequently occur)		Medium = 2,3,4
Minor = 1 (e.g. first aid treatments and other lost time)		Low = 1 (where harm will seldom occur)		Low = 1

Risk Assessment Record

Assessment No. [SAF/CBE/ 71

Hazard Risk Rating

Activity	Groups at risk	Hazard Description	Controls in place	Severity	Probability	Risk	Action needed?	
							Yes	No
Normal use	All	The tip of the thermistor achieves very low temperatures	Operation is limited to instances where the thermistor is completely enclosed.	Serious	Low	Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
							Add Row	Delete Row

Risk Reduction

Physical

Determine whether the risk to health and safety can be reduced by modifications to the equipment or workspace, especially for those hazards identified as having medium to high risk. List planned action and completion dates below.

Hazard	Action to be taken	Responsible Personnel	Completion Date

Add Row	Delete Row
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Procedural

Determine and indicate below whether acceptable levels of risk to health and safety can only be achieved when equipment use must follow prescribed procedures, and/or where use must be restricted to specified personnel. Prepare and attach user guides, user restriction and other HSE documents as appropriate. Contact the Department Safety Officer for guidance/assistance as necessary.

Item	Yes	No
Does the equipment/process need an operating procedure document?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Must protective equipment be worn to use the equipment/process safely? (cf. Personal Protective Equipment (PPE) regulations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, have the users been adequately notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, is suitable protective equipment available for all potential users/observers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Should the use of this equipment be restricted to certain qualified personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has a list of permitted users been prepared, appended to this form and displayed near the equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is training required to use the equipment/process safely?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, have all identified users been adequately trained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the equipment have a CE mark?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If not, does the equipment need a separate Machinery Risk Assessment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If a lifting hazard has been identified is a manual handling assessment required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If hazardous substances will be in use, is a COSHH form required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the equipment involve the use of lasers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has a laser description form been completed and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Assessment Record

Department	Centre for Biological Engineering
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Item Description	Grant QBA-2 Block Heater
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Location	CBE H30
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Date	19/03/12
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Highest Risk Rating	Medium Risk
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Review Date	<i>16/05/2013</i>
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Assessor	Andrew Picken
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Comments	<p>The Block Heater will be used to heat low volume biological samples as required for assays (e.g. enzymatic treatments).</p> <p>The system has a temperature range from 25 to 100°C and will be operating at a default temperature of 37°C.</p>
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Signature		Date	
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Supervisor	Karen Coopman
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Comments	
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Signature		Date	
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Safety Officer	R.I. Temple
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Comments	
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Signature	<i>R.I. Temple</i>	Date	<i>16/05/2012</i>
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Personnel at Risk

The Health & Safety at Work Act requires that you ensure, so far as is reasonably practicable, the health and safety of yourself and others who may be affected by what you do or fail to do. Indicate using the groups listed below the individuals (restricted high-risk users) and numbers of people (e.g. with restricted user privileges or unrestricted access) who may be at risk from the hazards. Classify the *maximum* level of activity/exposure to the equipment to be permitted for each group/individual using the categories indicated below.

Activity/Exposure Categories

- | | |
|------------------------------------|-------------------------------|
| 1. Reconfiguration (high exposure) | 5. Supervised reconfiguration |
| 2. Maintenance | 6. Supervised normal use |
| 3. Normal use | 7. Supervised observation |
| 4. Unsupervised observation | 8. Prohibited (no exposure) |

Personnel Groups

Group	Individuals/Numbers	Activity/Exposure
+ Academic Staff		Reconfiguration
-		
+ Technical Staff		Reconfiguration
-		
+ Research Staff	All research staff who have been trained.	Reconfiguration
-		
+ Project Students	All project students who have been trained.	Normal use
-		
Others		Supervised normal use

Hazard Checklist

Indicate below whether or not a hazard is present for *each* type listed.

Category 1: Machinery & Work Equipment: Mechanical Hazards

Type	Yes	No
Crushing.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Shearing.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Cutting/severing.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Entanglement.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drawing-in/Trapping.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Impact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stabbing/puncture.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Friction/abrasion.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other mechanical hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 1: Machinery & Work Equipment: Electrical Hazards

Type	Yes	No
Direct contact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Indirect contact.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrostatic phenomena.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Short circuit/overload.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Source of ignition.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical test labels current.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other electrical hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 2: Workplace

Type	Yes	No
Slips/trips/falls on a level.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falls from a height.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Falling/moving objects/materials.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Striking objects.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Localised hot surfaces.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Type	Yes	No
Localised cold surfaces.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage and stacking.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined work area (knocks).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Confined space/lack of oxygen.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other workplace hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 3: Hazardous Substances

Type	Yes	No
Toxic fluids.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Toxic gas/mist/fumes/dust.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flammable liquids.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Flammable gas/mist/fumes/dust.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High pressure gas/fluid.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
High pressure fluid injection.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Corrosive substances.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Irritants/sensitising substances.....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Oxidising substances.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Explosive substances.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Biological substances (infection).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Other substance hazard(s).....	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Category 4: Work Activity

Type	Yes	No
Highly repetitive actions.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stressful posture.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Awkward/heavy lifting/handling.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mental overload/stress.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Visual fatigue (e.g. >3 hours VDU)...	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor workplace design.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Use of hand tools.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other work activity hazard(s).....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Risk Assessment Record

Assessment No. [SAF/CBE/...70]

Category 5: Work Organisation

Type	Yes	No
Contractors/service.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Other work organisation hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 6: Work Environment

Type	Yes	No
Significant noise.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Significant vibration.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Poor/excessive lighting	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Hot/cold ambient temperature	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Poor ventilation	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other work environment hazard(s)....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 7: Other Hazard Types

Type	Yes	No
Violence	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Stress	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Drugs.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Substance abuse.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Category 8: Outdoor Work

Type	Yes	No
Outdoors on campus.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Outdoors off campus	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Overseas fieldwork.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Site visit: construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Site visit: non-construction	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Other Hazards: Radiation

Type	Yes	No
Radiation: Lasers.....	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Radiation: Electromagnetic effects ...	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Type	Yes	No
Radiation: Ionising/non-ionising	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other radiation hazard(s)	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Hazard Assessment

Describe the hazards identified above on the following pages. For each hazard assess the risk to health and safety using the risk rating formula and categories indicated below.

Risk Calculation

<p>Severity</p> <p>Major = 3 (e.g. death, major injury as per RIDDOR, irreversible health damage)</p> <p>Serious = 2 (e.g. injuries causing >3 days absence or reversible health damage)</p> <p>Minor = 1 (e.g. first aid treatments and other lost time)</p>	<p>×</p>	<p>Probability</p> <p>High = 3 (where certain or near certain harm will occur)</p> <p>Medium = 2 (where harm will frequently occur)</p> <p>Low = 1 (where harm will seldom occur)</p>	<p>=</p>	<p>Risk</p> <p>High = 6,9</p> <p>Medium = 2,3,4</p> <p>Low = 1</p>
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Hazard Risk Rating

Activity	Groups at risk	Hazard Description	Controls in place	Severity	Probability	Risk	Action needed? Yes <input type="checkbox"/> No <input type="checkbox"/>
Normal use	All Lab Users	<p>Localised hot surfaces The Block Heater can reach temperatures of 100 degrees celcius and could cause burn injuries. The Block Heater is unguarded and no barrier exists between the blocks and operators.</p> <p>The Block Heater will remain hot for a considerable amount of time after it is switched off. Liquids heated to extreme temperature may present a risk of scalding to operators.</p>	<p>1. A thermometer will be used to indicate the current block temperature. 2. Blocks must be removed using the tool provided and NOT by hand. 3. Forceps will be used to transfer tubes to and from the blocks to minimise risk of burn injury. 4. Volumes used in each 1.5 ml eppendorf tube must not exceed 1 ml, to minimise risk of scalding.</p>	Serious	Medium	Medium	<input type="checkbox"/>
Normal use	All Lab Users	<p>Hazardous substances Chemicals may not be stable if heated and could produce hazardous vapours . Eye or skin damage caused by splashed liquid. Fire caused by heating materials to a temperature in excess of their flashpoints. Vapour release if the heating of liquids is likely to release hazardous vapours.</p>	<p>1. All relevant COSHH risk assessments will be reviewed for flash points and other hazardous characteristics prior to use with the Block Heater. 2. 1 ml maximum sample volume per 1.5 ml eppendorf tube. 3. Users will ensure eppendorf tube lids are secure BEFORE placing tubes into the blocks. 4. Thermometer and</p>	Serious	Medium	Medium	<input checked="" type="checkbox"/>

Risk Assessment Record

Assessment No. [SAF/CBE/...70]

Hazard Risk Rating

Activity	Groups at risk	Hazard Description	Controls in place	Severity	Probability	Risk	Action needed?		
							Yes	No	
			warning sticker indicate current use of Block Heater to other lab users. 5. Safety goggles, gloves and lab coat will be worn at all times.						
							Add Row	Delete Row	

Risk Reduction

Physical

Determine whether the risk to health and safety can be reduced by modifications to the equipment or workspace, especially for those hazards identified as having medium to high risk. List planned action and completion dates below.

Hazard	Action to be taken	Responsible Personnel	Completion Date

Add Row Delete Row

Procedural

Determine and indicate below whether acceptable levels of risk to health and safety can only be achieved when equipment use must follow prescribed procedures, and/or where use must be restricted to specified personnel. Prepare and attach user guides, user restriction and other HSE documents as appropriate. Contact the Department Safety Officer for guidance/assistance as necessary.

Item	Yes	No
Does the equipment/process need an operating procedure document?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Must protective equipment be worn to use the equipment/process safely? (cf. Personal Protective Equipment (PPE) regulations)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, have the users been adequately notified?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, is suitable protective equipment available for all potential users/observers?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Should the use of this equipment be restricted to certain qualified personnel?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has a list of permitted users been prepared, appended to this form and displayed near the equipment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Is training required to use the equipment/process safely?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, have all identified users been adequately trained?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Does the equipment have a CE mark?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If not, does the equipment need a separate Machinery Risk Assessment?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If a lifting hazard has been identified is a manual handling assessment required?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If hazardous substances will be in use, is a COSHH form required?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
• If yes, has one been prepared and appended to this form?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Does the equipment involve the use of lasers?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
• If yes, has a laser description form been completed and appended to this form?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

