

Safety Documentation

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

Method Statement **Risk Assessment** **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	Dimitris Tampakis
email address	d.d.tampakis@lboro.ac.uk
Location	Centre for Biological Engineering
Project / Activity / Task	Lone Working
Supervisor Name	Dimitris Tampakis

Loughborough University

Centre for Biological Engineering

Safety Method Statement

Reference SAF/MEME/7689

Location Centre for Biological Engineering

Originator Dimitris Tampakis

Project / Activity / Task Lone Working

What equipment will be used in this activity? +

BSC's, centrifuges, Flow cytometer, CO2 incubator X

What training must be completed to do this activity? +

Must have undergone CBE induction, competent with equipment X

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

Doxorubicin and staurosporine X

Spill and accident procedures. +

see CBE BRA183 X

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

Lone hours - if possible make area safe (power down equipment), evacuate area, inform Security 888 from university phone or 01509 222141 from mobile. X

References. +

CBE BRA183 FSOP048 X

Detailed sequential description of the process

Process step	Precautionary measures and comments	+
CBE BRA 183	Lone working precautions as risk assessment	X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X
		X

Safety Method Statement (Continued)

Process step	Precautionary measures and comments	+
		X
		X
		X
		X
		X
		X
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		X
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		X

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	
N/A	N/A	Electrical test cables current	Heat(Inc. IR)	+
Category 2: Workplace				+
Slips/Trips/Falls on the level				X
Category 3: Hazardous and/or Harmful substances				+
Liquid Nitrogen / Cryogenics				X
Biological substances (See CBE BRA 183)				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:-	Impact	Probability	Risk Score	
<input type="text" value="Possible risk during lone working"/>	<input type="text" value="Harmful"/>	<input type="text" value="Highly Unlikely"/>	Low	
What are the control measures?	<input type="text" value="Lowers Impact"/>	<input type="text" value="Lowers Probability"/>	+	

Process Risk Assessment Form (Continued)

<p>Will send OOH 1st contact a text message on entry to the lab and another when leaving. Depending on the length of OOH work needed, further text updates will be used (hourly/2 hourly). permission to work out of hours must be obtained prior to work commencing.</p> <p>Sign in using the lone working Power App (https://www.lboro.ac.uk/services/health-safety/loneworking/), but it is also advised to inform security so that they are aware of your location on campus for the duration of your lone working/out of hours . Inform academic supervisor and a colleague of intention to lone work and state duration of stay. Lone working duty officer will be appointed. If duration out of hours is longer than 2 hours arrange to be accompanied, as this is a high category lab.</p> <p>Ensure you have mobile phone on person at all times.</p> <p>Always remember to log out of lone working app when leaving building at completion of the work.</p>	Slightly	Significantly	x	
Will be aware of all safety procedures and numbers	Significantly	Significantly	x	
				Residual Risk <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: auto;">Low</div>
+ 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
Research Staff (PDRA)	0	1	0	0	0	0	1
Research Students (PhD)	0	0	0	0	0	0	0
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
Total	0	1	0	0	0	0	1

With these controls in place, the risk is:

Process Risk Assessment Form (Continued)

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/7689

Method Statement

SAF/MEME/7689

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:

2 Aug 2024

Review comments