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| Health and safety services |

Risk assessment form

**SEE/ Cohen/ Auto Analysers**

**RISK ASSESSMENT FORM – SCHOOL OF EARTH AND ENVIRONMENT**

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| **RISK ASSESSMENT DETAILS** | **DEGREE OF RISK** | **RISK RATING MATRIX** |
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| Faculty/School/Service | **SEE/ Cohen/ Auto Analysers** |
| Team |  |

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| Risk Assessment Title | **Use of nutrient auto-analyser systems** |
| Risk Assessment Log Reference |  |
| Date | Originated: 17/02/2015 |
| Name of Assessors | Anthony Stockdale |
| Manager Responsible | HoS |
| Location | 8.130 :Cohen Nutrient Lab |
| Details of ActivityNormal operation and user maintenance of Auto Analysers |

Other assessments which might also be required, ✓ if needed:Manual Handling REFCOSHH ✓ REFPersonal Protective Equipment (PPE) REFNoise REFOther REF |

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| **LIKELIHOOD (L)** |
| 5 | Inevitable |
| 4 | Highly Likely |
| 3 | Possible |
| 2 | Unlikely |
| 1 | Remote Possibility |

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|  |  | **SEVERITY** |
|  **LIKELIHOOD** |  | 1 | 2 | 3 | 4 | 5 |
| 1 | 1 | 2 | 3 | 4 | 5 |
| 2 | 2 | 4 | 6 | 8 | 10 |
| 3 | 3 | 6 | 9 | 12 | 15 |
| 4 | 4 | 8 | 12 | 16 | 20 |
| 5 | 5 | 10 | 15 | 20 | 25 |

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| **SEVERITY (S)** |
| 5 | Very High -Multiple Deaths |
| 4 | High - Death, serious injury, permanent disability |
| 3 | Moderate - RIDDOR over 3 days |
| 2 | Slight - First Aid treatment |
| 1 | Nil - Very Minor |

 | **PERSONS AT RISK** |
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| PERSONS AT RISK |
| Employees |
| Students |
| Clients |
| Contractors |
| Members of the public |
| Work Experience students |
| Other Persons |

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| **REVIEW DATES** |
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| RISK RATING SCORE | ACTION |
| 1 - 4 | Broadly Acceptable - No action required |
| 5 - 9 | Moderate - Reduce risks if reasonably practicable |
| 10 -15 | High Risk - Priority Action to be undertaken |
| **16 -25** | Unacceptable **-Action must be taken IMMEDIATELY** |

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| **HAZARD AND RELATED ACTIVITIES**e.g. trip, falling objects, fire, explosion, noise, dust, violence etc. | **PERSONS** **AT RISK**e.g. Employees, Customers, Contractors, Members of the public | **POSSIBLE OUTCOME** | **RISK RATING BEFORE CONTROLS (LxS)** | **EXISTING CONTROLS**e.g. Guards, Safe Systems of Work, Training, Instruction, Authorised Users, Competent Persons, Personal Protective Equipment (PPE) | **RISK RATING AFTER CURRENT CONTROLS (LxS)** | **FURTHER CONTROLS REQUIRED?** | **RISK RATING AFTER ADDITIONAL CONTROLS (LxS)** |
| Risk of sharps injuries when connecting glass tubing or cutting sample tubing | Employees only | Minor cuts | 3(l)x2(s)=6  | Maintenance restricted to trained personnel | 2(l)x2(s)=4 | N | - |
| Risk of injury from autosampler | Anyone with lab access | Puncture wounds to hands | 2(l)x3(s)=6 | Training for users. The instrument is not to be left unattended if visitors are present in the lab. | 1(l)x3(s)=3 | N | - |
| Electrical risks | Employees only | Electrocution | 2(l)x4(s)=8 | The instruments are designed to carry leaks (from broken tubing etc.) out through a drainage channel on each component. Power sockets are raised from bench level to avoid contact with leaks or spillages.PAT testing completed annually | 1(l)x4(s)=4 | N | - |
| Spillage of liquid | Anyone with lab access | Slip on liquid | 3(l)x3(s)=9 | All spills to be cleaned up immediately. Other-wise, care taken when moving around lab | 2(l)x3(s)=6 | N |  |
| **MANAGEMENT AGREED****ADDITIONAL CONTROL MEASURES REQUIRED** | **ACTIONED BY** | **ACTION COMPLETE** |
| **POSITION** | **NAME** | **DATE** | **MANAGER SIG** | **DATE** |
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| **COMMUNICATION OF RISK ASSESSMENT FINDINGS TO STAFF** |
| **REFERENCE OF FORMAL COMMUNICATION TO STAFF** | **METHOD** | **YES** | **DATE** | **COMMENTS** |
| Copy of risk assessment issued to staff |  |  |  |
| Controls covered in team procedure issued to staff |  |  |  |
| Staff Handbook issued to staff |  |  |  |
| Other -  |  |  |  |
| **ADDITIONAL METHODS OF COMMUNICATION** | Induction |  |  |  |
| Toolbox Talk |  |  |  |
| Team Meeting |  |  |  |
| E-mail circulation |  |  |  |
| Other -  |  |  |  |

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| **COMMENTS AND INFORMATION**(Use this section to record any dynamic risk assessment comments and information) |
| Lab has restricted pass access. The instrument should not be moved – this risk assessment therefore excludes manual handling. |

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| **Do additional controls adequately lower high risk activities to an acceptable level?** | **YES / NO**If NO explain in comments box above | **SIGNATURE OF MANAGER**"The risks identified in this assessment are controlled so far as is reasonably practicable" |
| Signature: | Date: |

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| **DATE OF REASSESSMENT**(Every two years minimum) | **ARE THERE ANY CHANGES TO THE ACTIVITY SINCE THE LAST ASSESSMENT?** | **SIGNATURE OF MANAGER** |
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| **LOCATION OF CURRENT SIGNED RISK ASSESSMENT** |  |