**Manchester Institute of Biotechnology - Risk Assessment**



| **Date:**  Feb 2015 | **Assessed by**:  Colin Levy | **Validated by**:  Tanya Aspinall | **Location**: MIB  LG.027 | **Review date:**  Feb 2016 |
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| **Task**:  Use of the Single crystal microspectrophotometer (4DX)  Handling samples mounted in cryo loops  Use of UV lights source. |
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| **Activity** | **Hazard** | **Person(s) in danger** | **Existing measures to control risk** | **Risk rating** | **Result** |
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| Microspectrophotometer | UV Source | User / Observer | No specific UV risk in standard operation. This equipment has been assessed by Katherine Sullivan as posing no specific UV risk during normal operation.  Do not dismantle or alter the optics when the unit is powered on.  Do not alter the UV light path whilst the unit is switched on.  Do not exchange optics cables with the unit switched on. | L | T |
| Cryo Loops | Potential Sharps hazard | User | Cryo loops are sharp and all users should treat them appropriately during normal use. Damaged or used loop must be disposed of in the sharps bins provided. | L | T |
| Monocular Microscope | Potential for eye injury | User | This apparatus is single user at any given time and should not be operated in a crowded environment. The potential for injury arises through the user being knocked into the microscope whilst centering the sample. | L | T |
| Dark Room | Trip / Collision hazard | User | Ensure a clear working space prior to darkening the room, exit routes must be clear of obstruction at all times. Minimise the time spent working in the dark through careful planning of the experiments to be performed. | L | T |

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| **Authorisation by PI**  **I confirm that I have considered and understand the experiment and the associated hazards. I am satisfied that all of the hazards have been identified and that the control measures to be followed will reduce the risks to acceptable levels.**  **Print name: Signed:**  **Date:** |

**Declaration by researcher**

**I confirm that I have read this Risk Assessment and that I understand the hazards and risks involved and will follow all of the safety procedures stated.**

**Declaration by PI**

**I confirm that the researcher who has signed below is competent to undertake the work. My counter-signature indicates that I am happy for the work to proceed.**

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| **Name (please print)** | **signed** | **PI countersignature** | **date** |
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