**Manchester Institute of Biotechnology - Risk Assessment Form**



| **Date:** 13/01/2015 | **Assessed by**: Fiona Marriage | **Validated by**: Tanya Aspinall | **Location**: MIB  |  | **Review date:** 12/01/2016 |
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| **Task** Use of Agilent 2100 BioAnalyser.Measuring the integrity of DNA or RNA using a fully enclosed source of UV Light. The process requires aliquoting low volumes of samples and reagents on to a microfluidics chip and loading on to the machine. |

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| **Activity**  | **Hazard**  | **Person(s) in dange**r  | **Existing measures to control risk**  | **Risk rating**  | **Result**  |
| Use of Agilent Equipment. | Electrical hazard - risk of electric shock | Staff  | All equipment and power supplies are safety tested and regularly maintained. | low | A |
|  | Trailing electrical leads – risk of slips/trips | Staff and others in lab | All excess leads are coiled and taped to minimise the risk of slip/trips. | low | A |
| Use of Kit Solutions | Splash – Skin Contact | Staff | The following items of PPE must be worn: Howie-style laboratory coat, BS EN3-74 compliant gloves (nitrile) and BS EN166 compliant eye protection (chemical splash proof safety glasses). A selection of safety glasses and goggles are available from MIB Stores; users are advised to visit Stores and select eye protection which fits well and is comfortable to use. Regular lab inspections monitor the wearing of PPE; users found not to be wearing PPE when the risk assessment states that it must be worn will be subject to the MIB compliance policy.Provided all SOPs are followed correctly and PPE is worn whilst carrying out sample preparation, the risk of solutions coming in to contact with the skin/eyes is minimal. MSDS sheets are available in the Safety File for all kit components. | low | A |

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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. Where PPE has been identified as a control measure, I will ensure that it is worn.**

**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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