**MIB Risk Assessment Form**



| Date: 26/01/15 | Assessed by: Derren Heyes | Validated by: Tanya Aspinall | Location: MIB 3.045 |  | Review date: 26/01/16 |
| --- | --- | --- | --- | --- | --- |
| Task Regeneration of catalysts for anaerobic gloveboxes |

| Activity  | Hazard  | Person(s) in danger  | Existing measures to control risk  | Risk rating  | Result  |
| --- | --- | --- | --- | --- | --- |
| Use of catalyst regenerator | 1. Electrical failure2. Possible risk of burns from very hot catalysts during regeneration | User | 1. All catalyst regenerators to be fully maintained in accordance with manufacturer’s instructions. Their servicing and repair to be carried out by the manufacturer or by suitably qualified personnel.All electrical equipment to be fully PAT tested2. The following items of PPE must be worn: Howie-style laboratory coat. User must wear BS EN 407 compliant thermal gloves when handling hot catalysts.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. | Medium | A |
| Use of H2 gas from cylinder for catalyst regeneration | Possible risk of explosion from use of H2 gas | User | All cylinders must be properly clamped or stored in a cylinder holder and used with an approved regulator. Never exceed the stated pressure.Regeneration of catalysts must be carried out inside a fume hood to minimise any risk of explosion.All users of gas cylinders must have received training in the safe use of gas cylinders and regulators. | Medium | A |
| Use of N2 gas from cylinders | Risk of leak of N2 gas into lab | User | All cylinders must be properly clamped or stored in a cylinder holder and used with an approved regulator. Never exceed the stated pressure. All users of gas cylinders must have received training in the safe use of gas cylinders and regulators. | Medium | A |

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| **Authorisation by Facility Manager** **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 Facility Manager**

**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** | **Facility Manager countersignature** | **date** |
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