**Manchester Institute of Biotechnology - Risk Assessment**



| **Date:** Feb 2015 | **Assessed by**: Colin Levy | **Validated by**: Tanya Aspinall | **Location**: MIB LG027 | **Review date:** Feb 2016 |
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| **Task**: Use of CRYSCAM plate scanning microscope |
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| **Activity**  | **Hazard** | **Person(s) in danger**  | **Existing measures to control risk**  | **Risk rating**  | **Result**  |
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| Use of electrical equipment | Risk of electric shock | User | During training by Dr. C. Levy, all users are made aware of potential risks from electric shocks. All users must have attended a basic health and safety course where part of the instruction covers risks from electric shocks and first aid procedures in the event of a shock.All equipment is annually tested (PA testing). Equipment with out of date, failed or untested labels are not be used until retested. Any obvious danger, sparks/damaged cables are reported immediately to technical staff and the equipment not used or switched off if in use.Any faults associated with the equipment must be reported immediately to the person in charge of the laboratory. Unauthorised/untrained personnel must not attempt to dismantle any part of the equipment for any purpose. | L | T |
| Use of CrycCam to record crystal images | Moving mechanical parts | User | Users must not place hands into the operating area of the CrysCam whilst a scan is in progress. The risk is trivial as the machine moves slowly during normal operation.The following items of PPE must be worn at all times whilst working within the laboratory: Howie-style laboratory coat. 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 Lab coats must be worn at all times whilst working within the laboratory. | 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. 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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