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



| Date: 26/01/15 | Assessed by: Derren Heyes | Validated by: Tanya Aspinall | Location: MIB 3.044, 3.056, 3.045, LG.026 |  | Review date: 26/01/16 |
| --- | --- | --- | --- | --- | --- |
| Task Use of anaerobic gloveboxes |

| Activity  | Hazard  | Person(s) in danger  | Existing measures to control risk  | Risk rating  | Result  |
| --- | --- | --- | --- | --- | --- |
| Use of anaerobic cabinet | 1. Electrical failure2. Gas leakage into room from cylinder or glove box | User | 1. All gloveboxes are 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. a) Unauthorised/untrained personnel must not use the cabinet. Users must be instructed in the safe operation of gloveboxes by Senior Experimental Officer. b) Installation of oxygen monitor/alarm to warn of low oxygen levels. Room must be evacuated upon sounding of alarm and reported so that problem can be rectified.c) Any leaks/problems with the gloveboxes must be reported to the Senior Experimental Officer who will check the system before further use.d) Check for leaks before start of any experiment. Examine latex gloves for holes on a regular basis. e) Check that gas admittance is not occurring on a regular basis while box is not in use.f) Do not use glass Pasteur pipettes inside the glovebox.g) Take great care if using needles or other sharps. Alternatives to sharps must be used whenever possible. | Medium | A |
| Use of anaerobic cabinet | 3. Possible irritation from latex/talcum powder when using gloves | User | 3. Precautions must be taken when using gloves if known to suffer reaction to latex/talcum powder. Ensure hands and arms are covered. | Medium | A |
| Spillage of microorganisms/ toxic chemicals | Contamination of work surfaces | User | All spillages should be cleaned in the required manner (e.g. virkon for biological smaples). All hazardous chemicals must be used in full accordance with COSSH regulations. | 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.**

**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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