**Manchester Institute of Biotechnology - Risk Assessment**

TUOM_4COL

| **Date:**  17/01/2015 | **Assessed by**:  Matthew Cliff | **Validated by**:  Tanya Aspinall | **Location**: MIB | **Review date:**  2016 |
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| **Task**:  Use of hand-crank centrifuge for NMR Tubes |
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| **Activity** | **Hazard** | **Person(s) in danger** | **Existing measures to control risk** | **Risk rating** | **Result** |
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| Use of hand-crank centrifuge | Breakage of NMR tube during centrifugation; flying glass at eye-height or below | Person using centrifuge, others using laboratory or passing through. | Perspex box cover for centrifuge to be used (closed) when centrifuging.  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.  Glass bin and dustpan and brush available for recovery of tube fragments. | Low | A |
|  | Physical injury while turning crank | Person using centrifuge | Clear area behind and next to centrifuge. Close lid on centrifuge. | Low | A |
|  | Physical injury from corners of Perspex box. | Person using centrifuge, others using laboratory | Yellow tape to be put on corners of box. | 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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