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

TUOM_4COL

| Date:  26/01/15 | Assessed by:  Derren Heyes | Validated by:  Tanya Aspinall | Location:  MIB LG.045 |  | Review date:  26/01/16 |
| --- | --- | --- | --- | --- | --- |
| Task **Use of high-pressure cell** | | | | | |

| Activity | Hazard | Person(s) in danger | Existing measures to control risk | Risk rating | Result |
| --- | --- | --- | --- | --- | --- |
| Use of high pressure cell | 1. Explosion hazard while using high pressure  2. Possible exposure to toxic chemicals during sample preparation  3. Several heavy components which can move during use | User | 1. High pressure system to be inspected and maintained in accordance with manufacturer’s recommendations.  Users to be instructed in the safe handling and usage of high pressure systems by Senior Experimental Officer.  Ensure all seals and O-rings are clean and all connections are tight to maintain high-pressure  2. All hazardous chemicals to be used in full accordance with COSSH regulations (provided by the user).  3. Ensure that all components are securely attached to the table and that the table wheels are locked in place.  Whenever equipment does not work according to training and/or expectation, report the fault to the Senior Experimental Officer who will check the system before further use. | 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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