**Manchester Institute of Biotechnology - Risk Assessment**



| **Date:** 21/11/14 | **Assessed by**Dave Charlesworth/Alan Kniveton | **Validated by**: Tanya Aspinall | **Location**: MIB workshops | **Review date:** 2017 |
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| **Task**: Use of the portable appliance tester |
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| **Activity**  | **Hazard**  | **Person(s) in danger**  | **Existing measures to control risk**  | **Risk rating**  | **Result** |
| General use of portable appliance tester | Electrical (electric shock)Environmental (when testing equipment in the MIB) | User  | The PA tester is tested annually by an external company to ensure it is correctly calibrated and is fit for use.Pre-use check by user to ensure the machine is in good working order with no obvious visual faults. Any defects are reported to the Workshop Manager.In order for electrical equipment to be tested, the equipment must be plugged in to the PA tester. Often this must be done within the labs (rather than bringing the equipment to the workshop). In order to reduce the contamination risk, all equipment to be tested must be cleaned by the user prior to testing. When testing equipment in the lab the following items of PPE must be worn: Howie-style laboratory coat and BS EN166 compliant eye protection (chemical splash proof safety glasses; when necessary – eg. In chemistry labs). 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, the user must wear a lab coat and safety glasses Machine manual describes all operation instructions. | Low | A |

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| **Authorisation by Facility Manager** **I confirm that I have considered and understand the hazards associated with use of this equipment. 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 Man**

**I confirm that the person 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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