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

TUOM_4COL

| **Date:** 13/01/15 | **Assessed by**:  Fiona Marriage | **Validated by**:  Tanya Aspinall | **Location**:  MIB |  | **Review date:**  12/01/16 |
| --- | --- | --- | --- | --- | --- |
| **Task**  Use of PCR machines – setting up PCR reactions and programming/running PCR machine | | | | | |

| **Activity** | **Hazard** | **Person(s) in dange**r | **Existing measures to control risk** | **Risk rating** | **Result** |
| --- | --- | --- | --- | --- | --- |
| Use of PCR machine | Hot PCR block - risk of burns | Staff | Staff trained by supervisor in safe use of PCR equipment and written/verbal instructions provided by senior lab members on how to set up reactions and programme the machine.  The following items of PPE must be worn during sample preparation: Howie-style laboratory coat and BS EN374 compliant gloves (nitrile). 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 | low | A |
|  | Manual handling – risk of back injury from lifting and twisting | Staff | Some PCR machines have interchangeable thermal cycling blocks. Only trained designated personnel are allowed to change blocks over to prevent equipment damage. Staff are trained in manual handling to prevent injury. | low | A |
|  | Electrical hazard - risk of electric shock | Staff | All equipment and power supplies are safety tested and regularly maintained.  Buffers and other solutions are not stored above power supplies. | 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.**

| **Name (please print)** | **signed** | **PI countersignature** | **date** |
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