**MIB Risk Assessment Form**

TUOM_4COL

| Date:  26/01/15 | Assessed by:  Derren Heyes | Validated by:  Tanya Aspinall | Location:  MIB 3.044, 3.055, 3.056, 3.057 and LG.045 |  | Review date:  26/01/16 |
| --- | --- | --- | --- | --- | --- |
| Task **Use of all spectroscopy equipment (UV/vis absorbance spectrometers, CD spectrometer, fluorimeters, FTIR spectrometer)** | | | | | |

| Activity | Hazard | Person(s) in danger | Existing measures to control risk | Risk rating | Result |
| --- | --- | --- | --- | --- | --- |
| Use of spectroscopy instruments | 1. Electrical failure  2. Possible trip hazard from electric cables  3. Possible exposure to toxic chemicals during sample preparation  4. Possible exposure to UV radiation from light sources | User | 1. All spectroscopy equipment must be 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 tested  2. All cables are safely secured to avoid potential trip hazards.  3. All hazardous chemicals to be used in full accordance with COSSH regulations (provided by the user). All identified control measures must be followed.  4. All light sources are sealed within instrument and no stray light should be present during normal use  Care to be taken when handling light sources. Avoid looking directly at the light source. | Medium | A |
| Changing lamps | Possible risk of explosion of hot lamps | User | Only change lamps when they are cold  Wear protective goggles when changing lamps. | Medium | A |
| Use of N2 gas | Risk of leak of N2 gas into lab | User | All gas lines are checked regularly and used with an approved regulator.  Never exceed the stated pressure.  Low-level O2 monitors present in lab. | 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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