# TU DUblin Biological Agents Risk AssessmeNT

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| LocationDepartmentLab | **Activity**Name of Practical and Description of same |
| **Date for review** Date |
| Description of micro organisms / bloods being usedList and describe if necessaryDescription of chemicals / reagents being usedList and describe if necessary | **Is use likely to lead to genetic recombination or gene alteration/mutation**Yes/NoPlease check Risk Phrases in MSDS |
| **Date of assessment** |  |
| **Nature of the use of the equipment** Detail what equipment is used and how it is used**Description of health hazards** E.g. ingestion, sharps injuries: breakage of slides, burns to skin etc.Detail specific to experiment |
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| **Number of persons exposed** xx students, x lecturer, x technician, x lab attendant, x laboratory supervisor if more than xx students  |
| **Duration /frequency of exposure** Students: No. of times per practical, no of practicals per week/semester Staff: No. of times (details of repeated exposure) |
| **Description of existing workplace control measures** |
| **Controls**List controls e.g. training of students by lecturer in sharps management, disinfection of area used, blood used is screened etc.Please list all controls:**Training provided to users**E.g. Instruction on use of scalpel/glass slides, direction on disposal of sharps at end of class etc.Please detail all controls: |

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| **Risk Assessment**Risk Assessment is based on the linking of the probability of occurrence or the likelihood of exposure with the severity of injury. In this assessment, risks are graded **“High”, “Medium” or “Low”.** High / Medium / Low**Risk Assessment with current control measures in place =** Please select**Additional control measures required to reduce the risk**If the precautions specified in this form do not adequately control the risks of handling the biological agents specify below the additional precautions required. **Risk Assessment when additional control measures** High / Medium / Low**are put in place =** Please select |

**Risk Assessment carried out by**: Name, Position and Department

**Risk Assessment approved by:**

Supervisor