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| Health and safety services |

Risk assessment form

Handling HF

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| **RISK ASSESSMENT DETAILS** | | | | | | | | | | **DEGREE OF RISK** | | | | | **RISK RATING MATRIX** | | | | | | |
| |  |  | | --- | --- | | Faculty/School/Service | Earth and Environment | | Team | Cohen |  |  |  | | --- | --- | | Risk Assessment Title | Handling HF | | Risk Assessment Log Reference |  | | Date | 11/04/2014 | | Name of Assessors | Andy Connelly | | Manager Responsible | Prof Robert Mortimer | | Location | Cohen lab suit (level 8 & 9) | | Details of Activity  Handling of HF in laboratory. Also, cleaning and operation of HF fume cupboard and dealing with spillages/exposure. | |   Other assessments which might also be required, ✓ if needed:  Manual Handling REF  COSHH ✓ REF  Personal Protective Equipment (PPE)✓ REF  Noise REF  Other REF | | | | | | | | | | |  |  | | --- | --- | | **LIKELIHOOD (L)** | | | 5 | Inevitable | | 4 | Highly Likely | | 3 | Possible | | 2 | Unlikely | | 1 | Remote Possibility | | | | | | |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | |  |  | **SEVERITY** | | | | | | **LIKELIHOOD** |  | 1 | 2 | 3 | 4 | 5 | | 1 | 1 | 2 | 3 | 4 | 5 | | 2 | 2 | 4 | 6 | 8 | 10 | | 3 | 3 | 6 | 9 | 12 | 15 | | 4 | 4 | 8 | 12 | 16 | 20 | | 5 | 5 | 10 | 15 | 20 | 25 | | | | | | | |
| |  |  | | --- | --- | | **SEVERITY (S)** | | | 5 | Very High -Multiple Deaths | | 4 | High - Death, serious injury, permanent disability | | 3 | Moderate - RIDDOR over 3 days | | 2 | Slight - First Aid treatment | | 1 | Nil - Very Minor | | | | | | **PERSONS AT RISK** | | | | | | |
| |  | | --- | | PERSONS AT RISK | | Employees | | Students | | Clients | | Contractors | | Members of the public | | Work Experience students | | Other Persons | | | | | | | |
| |  |  | | --- | --- | | **REVIEW DATES** | | |  |  | |  |  | |  |  | | | | | | | | | | | |  |  | | --- | --- | | RISK RATING SCORE | ACTION | | 1 - 4 | Broadly Acceptable - No action required | | 5 - 9 | Moderate - Reduce risks if reasonably practicable | | 10 -15 | High Risk - Priority Action to be undertaken | | **16 -25** | Unacceptable **-Action must be taken IMMEDIATELY** | | | | | | | | | | | | |
| **HAZARD AND RELATED ACTIVITIES**  e.g. trip, falling objects, fire, explosion, noise, violence etc. | | **PERSONS**  **AT RISK**  e.g. Employees, Customers, Contractors, Members of the public | | **POSSIBLE OUTCOME** | | **RISK RATING BEFORE CONTROLS (LxS)** | | **EXISTING CONTROLS**  e.g. Guards, Safe Systems of Work, Training, Instruction, Authorised Users, Competent Persons, Personal Protective Equipment (PPE) | | | | | **RISK RATING AFTER CURRENT CONTROLS (LxS)** | | | **FURTHER CONTROLS REQUIRED?** | | | | **RISK RATING AFTER ADDITIONAL CONTROLS (LxS)** | |
| Handling glassware. | | Anyone working in the lab | | Cuts from broken glassware. | | 3(l)x2(s)=6 | | General laboratory practice. Training for persons using the equipment to be provided.  Wear suitable protective clothing: Lab Coat, Gloves, and Protective glasses. | | | | | 2(l)x2(s)=4 | | | No obvious additional measures that could be taken. | | | |  | |
| Use of HF | | See COSHH and SOP form | | | | | | | | | | | | | | | | | | | |
| Spillage of HF | | Anyone working in the lab where HF is being used | | Inhalation of fumes. | | 3(l)x5(s)=15 | | Users following SOP and have training on how to deal with these situations. PPE to be worn as set out in SOP. | | | | | 2(l)x5(s)=10 | | | First aid facilities available | | | |  | |
| Spillage of HF | | Anyone working in the lab where HF is being used | | Exposure to HF | | 3(l)x5(s)=15 | | Users following SOP and have training on how to deal with these situations. PPE to be worn as set out in SOP. | | | | | 2(l)x5(s)=10 | | | First aid facilities available | | | |  | |
| Neutralising spills | | Anyone working in the lab where HF is being used | | Exposure to HF | | 3(l)x5(s)=15 | | Users following SOP and have training on how to deal with these situations. PPE to be worn as set out in SOP. | | | | | 2(l)x5(s)=10 | | | First aid facilities available | | | |  | |
| Cleaning fume cupboard | | Anyone working in the lab where HF is being used | | Exposure to HF | | 3(l)x5(s)=15 | | Users following SOP and have training on how to deal with these situations. PPE to be worn as set out in SOP. | | | | | 2(l)x5(s)=10 | | | First aid facilities available | | | |  | |
| Emptying recirculation tank | | Anyone working in the lab where HF is being used | | Exposure to HF | | 3(l)x5(s)=15 | | Users following SOP and have training on how to deal with these situations. PPE to be worn as set out in SOP. | | | | | 2(l)x5(s)=10 | | | First aid facilities available | | | |  | |
| Handling users samples | | Before using the HF users must carry out risk and COSHH assessments to identify issues with their samples and procedures. Any lab users at risk from the samples and procedures must be informed; this includes personnel training user. | | | | | | | | | | | | | | | | | | | |
| **MANAGEMENT AGREED**  **ADDITIONAL CONTROL MEASURES REQUIRED** | | | | | **ACTIONED BY** | | | | | | | | | **ACTION COMPLETE** | | | | | | | |
| **POSITION** | | **NAME** | | | | **DATE** | | | **MANAGER SIG** | | | | | **DATE** | | |
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| **COMMUNICATION OF RISK ASSESSMENT FINDINGS TO STAFF** | | | | | | | | | | | | | | | | | | | | |
| **REFERENCE OF FORMAL COMMUNICATION TO STAFF** | | | **METHOD** | | | | | | **YES** | | | **DATE** | | | | | **COMMENTS** | | | |
| Copy of risk assessment issued to staff | | | | | |  | | |  | | | | |  | | | |
| Controls covered in team procedure issued to staff | | | | | |  | | |  | | | | |  | | | |
| Staff Handbook issued to staff | | | | | |  | | |  | | | | |  | | | |
| Other - | | | | | |  | | |  | | | | |  | | | |
| **ADDITIONAL METHODS OF COMMUNICATION** | | | Induction | | | | | |  | | |  | | | | |  | | | |
| Toolbox Talk | | | | | |  | | |  | | | | |  | | | |
| Team Meeting | | | | | |  | | |  | | | | |  | | | |
| E-mail circulation | | | | | |  | | |  | | | | |  | | | |
| Other - | | | | | |  | | |  | | | | |  | | | |

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| **COMMENTS AND INFORMATION**  (Use this section to record any dynamic risk assessment comments and information) |
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| **Do additional controls adequately lower high risk activities to an acceptable level?** | **YES / ~~NO~~**  If NO explain in comments box above | **SIGNATURE OF MANAGER**  "The risks identified in this assessment are controlled so far as is reasonably practicable" | |
| Signature: Sarah Burdall | Date: Jan 2014 |

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| **DATE OF REASSESSMENT**  (Every two years minimum) | **ARE THERE ANY CHANGES TO THE ACTIVITY SINCE THE LAST ASSESSMENT?** | **SIGNATURE OF MANAGER** |
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| **LOCATION OF CURRENT SIGNED RISK ASSESSMENT** |  |

**RISK ASSESSMENT LOG - SAMPLE**

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| RISK ASSESSMENT LOG | | | | | | | | | | | |
| Directorate: | | | | | | Area: | | | | | |
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| Section/Team | Risk Assessment Title | Version No. | Risk Assessment Category | Code  /Location | Risk Assessor | Manager responsible for signing off risk assessment | Date assessment signed off | Review Due | Review Date | Outstanding Controls/Actions  Yes/No | Comments |
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