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| Health and safety services |

Risk assessment form

Vacuum filtration

**RISK ASSESSMENT FORM – SCHOOL OF EARTH AND ENVIRONMENT**

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| **RISK ASSESSMENT DETAILS** | | | | | **DEGREE OF RISK** | | | **RISK RATING MATRIX** | |
| |  |  | | --- | --- | | Faculty/School/Service | **SEE** | | Team | **Cohen** |  |  |  | | --- | --- | | Risk Assessment Title | **Vacuum filtration** | | Risk Assessment Log Reference | **N/A** | | Date | **8/7/2016** | | Name of Assessors | Andy Connelly | | Manager Responsible | Caroline Peacocj | | Location | Cohen West wing Level 9 and level 8 | | Details of Activity  **Vacuum filtration using one and two piece Büchner funnels** | |   Other assessments which might also be required, ✓ if needed:  Manual Handling REF  COSHH  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, dust, 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)** |
| Glassware under pressure | Users and others working in laboratory | Possible implosion | 2x3=6 | SOP to be followed. Use of standard PPE. Not leaving equipment alone. | | 1x3=3 | No | |  |
| 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. | |  |
| Electric Shock from vacuum pump | User | Electrocution or electric burns | 2(l)x4(s)=8 | Regular PAT testing of all electrical equipment | | 1(l)x4(s)=4 |  | |  |
| Spills on floor | User other lab users | Slip and fall over on liquid | 2(l)x3(s)=6 | Follow SOP, be careful when decanting liquids and mentioned in training | | 1(l)x3(s)=3 |  | |  |
| Handling users samples | Before using the autoclave users must carry out risk and COSHH assessments to identify issues with user’s samples. Any lab users at risk from the samples must be informed; this includes personnel training user. | | | | | | | | |

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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: | Date: |

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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** |  |