|  |
| --- |
| Health and safety services |

Risk assessment form

Measuring pH

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **RISK ASSESSMENT DETAILS** | | | | | | | | | | **DEGREE OF RISK** | | | | | **RISK RATING MATRIX** | | | | | |
| |  |  | | --- | --- | | Faculty/School/Service | Earth and Environment | | Team | Cohen |  |  |  | | --- | --- | | Risk Assessment Title | Measuring pH using a pH probe and meter | | Risk Assessment Log Reference |  | | Date | 4/08/2016 | | Name of Assessors | Andy Connelly | | Manager Responsible | Caroline Peacock | | Location | Cohen lab suit (level 8 & 9) | | Details of Activity  Measuring of pH using a pH probe and meter. This risk assessment covers the general use of pH meters, their calibration and storage. It does not cover the specifics of experimental samples. These should be covered by experimental risk and COSHH assessments. | |   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)** | |
| Use of non-toxic solutions | | Anyone working in the lab. | | Slip hazard | | 2(l)x3(s)=6 | | General laboratory practice. Training for persons using the equipment to be provided to avoid spills and instruct them to mop up any spills that occur | | | | | 1(l)x3(s)=3 | | | No obvious additional measures that could be taken. | | |  | |
| Potential for breakage of glass probe | | User | | Resulting in possibility of cuts due to broken glass | | 1(l)x2(s)=2 | | None required | | | | |  | | |  | | |  | |
| Risks from samples | | Anyone working in the lab. | | Various | | Dependent on experiment | | Risk assessments of individual experiments should cover these samples. | | | | | Dependent on experiment | | |  | | |  | |
| Use of non-toxic solutions | | Anyone working in the lab. | | Potential for eye or skin irritation (see COSHH) | | 2(l)x2(s)=6 | | Wearing of PPE | | | | | 1(l)x2(s)=2 | | |  | | |  | |
|  | |  | |  | |  | |  | | | | |  | | |  | | |  | |
| **MANAGEMENT AGREED**  **ADDITIONAL CONTROL MEASURES REQUIRED** | | | | | **ACTIONED BY** | | | | | | | | | **ACTION COMPLETE** | | | | | | |
| **POSITION** | | **NAME** | | | | **DATE** | | | **MANAGER SIG** | | | | **DATE** | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
|  |  | | | |  | |  | | | |  | | |  | | |  | | | |
| **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 - | | | | | |  | | |  | | | |  | | | |

|  |
| --- |
| **COMMENTS AND INFORMATION**  (Use this section to record any dynamic risk assessment comments and information) |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **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: |

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

|  |  |
| --- | --- |
| **LOCATION OF CURRENT SIGNED RISK ASSESSMENT** |  |