# Institute of Medical Sciences

# Risk Assessment

## Description of work

## Name of Research Group

|  |  |  |  |
| --- | --- | --- | --- |
| Building and Lab |  | Start date of work |  |

**List potentially harmful chemicals and organisms to be used together with their main hazards. Are radioactive materials or genetic manipulation involved? If yes, specify.**

### Do any of these chemicals/organisms pose a risk to a pregnant woman or foetus in the early stage of pregnancy? If yes, specify

### Which parts of the planned operations might create significant risk?

### Describe waste disposal procedure to be used

### Describe the precautions that will be taken to minimise the risk

### Describe planned actions in the event of an accident

Prepared by:…………………………………Signature:……………………….Date:

Approved by:………………………………..Signature:……………………….Date:

List others using this procedure with whom this assessment has been discussed:

Name: Signature: Date:

Name: Signature: Date:

Name: Signature: Date:

Name: Signature: Date:

**Record of reviews.** All risk assessments must be reviewed every two years or if the protocol has changed

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| **Date** | **Approved by** | **Comments** |
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