# TU DUblin Biological Agents Risk AssessmeNT

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| Location Department  Lab | **Activity**  Name of Practical and Description of same |
| **Date for review** Date |
| Description of micro organisms / bloods being used  List and describe if necessary  Description of chemicals / reagents being used  List and describe if necessary | **Is use likely to lead to genetic recombination or gene alteration/mutation**  Yes/No  Please 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