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| **SECTION A** |  |
|  | Description: C:\Users\AHolmes\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\1W93DYUU\MC900293214[1].WMF |  **Biohazard Risk Assessment Form – Blood & Urine** |
|  ***Notification Number:*** | *For office use only* |

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| **Investigator completing assessment :**  |  | **Date of assessment:**  |  |
| **Department:**  |  | **Name of Supervisor submitting this assessment:**  |  |
| **Contact number/email:**  |  |
| **Reason for this assessment** |
| **☒New clinical specimen**  | **[ ]  New information relating to existing clinical specimen** | **[ ]  other Risk assessment**  |
| **Exact location(s) of research: GENETWORx Lab** |
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| **Control measures: Eliminate risk [ ]  Substitute the hazard [ ]  Isolate the hazard ☒ Implement engineering controls [ ]  Administration [ ]** (e.g. Training)  **PPE ☒**  |
| E.g. PPE requirements listed below. |
| **Supporting documents which must be read in conjunction with this assessment.** (e.g. Safe Working Procedures, Safety Data Sheets, Guidelines/Protocols) |
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| **What is the type of the biological material?**  |
| **Bacteria [ ]  Fungi [ ] Virus [ ]  Cell Line [ ]  Tissue [ ]  Parasite [ ]  Animal [ ]  Plant [ ]  Soil [ ]  Toxin [ ]  Prions [ ]  Nucleic Acid[ ]  other [ ] buccal swabs from patients [ ] Blood [ ] Urine** |
| **What is the name of the biological agent?**  |
| **Blood and urine collections. Unknown virus or bacteria may be present. No unfixed tissue.** |
| **List the Personal Protective Equipment required:**  |
| **Gloves ☒** (e.g. Nitrile) **Eye protection ☒ (**e.g. face shield or safety glasses/goggles/with mask) **Clothing ☒** (e.g. fluid resistant - button up lab coat/coveralls/apron)  |
| **Footwear [ ] \_\_\_\_\_\_\_\_**(e.g. Enclosed/Gumboots/overshoe covers) **Respiratory Protection** [ ] \_ (e.g.PF2 face mask)  **Other ☒**absorbent bench liners with a fluid resistant backs are used to contain any splashes or spills |

**The Laboratory does not hold risk group 3 or 4 microorganisms**

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| **What are the risks associated with this Biological Agent.** (Can be more than one risk group depending on method) |
| **Risk Group** | **Details of Biohazards** | **Biosafety level** | **Risk Reduction Measures** (must be followed by the researcher) |
| **Group 1- Low Individual and community risk** (Microorganism that is unlikely to cause human, plant or animal disease) |  | (e.g.BSL1/PC1) | 1. Standard laboratory procedures will be followed in accordance with company guidelines (see supporting documents - Section A above) and include spillage and emergency response.
2. Investigator has attended company Biosafety training course (see 3)
3. Supervisor identified in Section A confirms that the investigator has received appropriate training and instruction or has adequate supervision and understands safe laboratory practice according to company guidelines (see supporting documents - Section A above )
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| **Group 2- Moderate individual risk, limited community risk**(Microorganism that is unlikely to be a significant risk to laboratory workers, the community/livestock/environment. Laboratory exposures may cause infection but effective treatment and preventative measures are available and the risk of spread is limited). |  | BSL2 | 1. Standard laboratory procedures will be followed in accordance with company guidelines which are appropriate for **Risk Group 2** (see supporting documents - Section A above) and include spillage and emergency response.
2. Investigator has attended company Biosafety training course (see 3)
3. Supervisor identified in Section A confirms that the investigator has received appropriate training and instruction or has adequate supervision and understands safe laboratory practice according to company guidelines (see supporting documents - Section A above )
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| **Process and equipment to be used** | You must include: - 1. Description and quantity of any chemicals, gasses, substances and radiation used.
2. Any aerosols produced and any controls necessary to ensure the health and safety of investigators and others
3. Any alternative and/or additional control measures to those identified above and explain why these are necessary.
4. Safe Work Procedure if there is no existing SWP**\***
5. Explain why risks cannot be eliminated.
6. Waste disposal method.
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| **SECTION B** |  |
|  | **Biohazard Safety Committee – Risk Assessment Decision** |
|  ***Notification Number:*** | *For office use only* |

**Important Information**

For investigations email this assessment tofor approval by the Safety Committee.

**Individual Responsibilities**

By submitting this assessment the **Supervisor** identified in Section A, confirms that any supporting documents, training, guidance, instruction or protocols issued by the Company will been followed so far as reasonably practicable to ensure the work is carried out without risk to health, safety or the environment. The named **Supervisor** confirms that the investigator has received appropriate training and instruction or will have adequate supervision and understands safe laboratory practice according to company guidelines.

**Decision to be completed by the Laboratory Director:**

 The Laboratory Director has agreed that this risk assessment is sufficient for testing to commence? **Yes [ ]  No [ ]  Further action required [ ]**

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| Name of Approver:  |  |
| Extension and email address: |  |
| Date Approved and submitted to Health and Safety Unit:  |  |

Further Action/Comments: