|  |
| --- |
| **Project Title:** *Please enter the full name of the project for review here.* |
| **Name of applicant:** | * *The applicant’s name is entered here.*
* *Please indicate if you are a postgraduate or postdoctoral researcher here.*
 |
| **Email address and extension number:** | * *The applicant’s contact details are entered here.*
 |
| **Name of principal investigator:** | * *The PI is identified here.*
 |
| **School / research centre:** | * *The school / centre where the activity is to be undertaken is entered here*.
 |
| **Number of researchers directly involved in activity:** | * *The number of collaborators is identified here*.
 |
| **Date:** | * *The date of the application is entered here.*
 |
| **Hazard / Context** |
| **Project background and purpose:** | * *Here, the applicant is asked to provide an overview of the project scope and what the work effort will involve, justifying why this is to be undertaken.*
 |
| **Will your project involve the use of genetically-modified organisms (GMOs) or microorganisms (GMMs)?** | * *State YES or NO*
 |
| **Where will the work be performed?**  | * *The building and relevant room numbers are entered here.*
 |
| **Provide a list of the equipment that will be used.** | * *The relevant equipment to be used is listed here, such as centrifuges, lasers etc.*
 |
| **Reasons Considered a Hazard** |
| Hazard | Biological Agent:Hazard Group | GMO / GMM:Class[If Applicable] | Risk |
| **Biological Agent(s)** *Identify the biological agent(s): name, strain, etc., proposed volumes and concentrations.* | *Enter Text Here.* | *Enter Text Here.* | *Identify the associated risk(s) here.* |
| **Hazardous Procedures / Activities** | *Identify the most hazardous procedures /activities involved in the use/manipulation of the agent* *which have the potential to cause injury/ loss.* |
| **Persons at Risk** | **Potential Injury / Loss\*\*** |
| **Persons at risk (research staff /cleaners /emergency responders etc.).***Identify here the categories of person(s) at risk from the experimental process – researchers, cleaners, etc.* | * *Identify here the potential injury/ ill health which may result from exposure to the biological agent / procedure.*
 |
| **Medical conditions which can be adversely affected by exposure to agent.** | * *Identify here medical conditions which place persons at increased risk, e.g. pregnancy, immunosuppressed, etc.*
 |
| **Current Controls / Precautions** |
| * *Identify the controls to be implemented to reduce the risk.*
* *Clearly state what PPE will be selected for use while undertaking this activity.*
* *Please also expand on the containment level to be implemented.*
* *Also, refer specifically to existing* ***standard operating procedures*** *(SOPs).*
 |
| **Risk Matrix** |
| * Taking account of the current controls/precautions listed above, use the Risk Matrix shown below to categorise the **Likelihood** of a hazardous event happening and the potential **Severity** of resulting harm.
* Low risk activities are identified as being *Trivial or Acceptable (Green)*.
* Medium risk activities are identified as being *Medium (Orange).*
* High risk activities are identified as being *Substantial or Intolerable (Red)*.

|  |  |  |  |
| --- | --- | --- | --- |
| **Severity →** **↓ Likelihood**  | **Slightly Harmful** | **Harmful** | **Very Harmful** |
| **Unlikely** | **Trivial** | **Acceptable** | **Medium** |
| **Likely** | **Acceptable** | **Medium** | **Substantial** |
| **Very Likely** | **Medium** | **Substantial** | **Intolerable** |

 |
| **Agent Name/ Hazardous Procedure** | **Potential****Injury/loss****(see \*\* above)** | **Severity Rating** | **Likelihood Rating** | **Risk Rating** |
| Agent / Procedure | *Text Here* | *Slightly Harmful / Harmful etc.*  | *Unlikely / Likely etc.* | *Acceptable /**Substantial etc.* |
| *Agent / Procedure* |  |  |  |  |
| *Agent / Procedure* |  |  |  |  |
| *Agent / Procedure* |  |  |  |  |
| All Risks acceptable? | Yes / No | Risk Assessment Date | Date |
| ***Actions:**** If ANY risk rating is **Intolerable or Substantial:** *Cease/do not commence activity until further controls are implemented.*
* If ANY risk rating is **Medium:** *Consult Biological Safety Advisor.*
* If ALL risk ratings are **Trivial / Acceptable:** *No further controls required.*
* For **Medium / Intolerable or Substantial Risks:** *Please address further control measures to be implemented to reduce the residual risk (see below).*
 |
| **\*Further Control Measures To Be Implemented for each Substantial/Intolerable Risk Identified** |
|

|  |  |
| --- | --- |
| * *List all additional control measures appropriate to EACH substantial/intolerable risk.*
* *List new SOP documentation, if applicable.*
 | **Date:** |

 |
| **Residual Risk Ratings*****(when above measures\* have been implemented)*** | **Severity Rating** | **Likelihood Rating**  | **Residual Risk Rating** |
| Agent / Procedure | *Slightly Harmful / Harmful etc.*  | *Unlikely / Likely etc.* | *Acceptable/**Substantial etc.* |
|  |  |  |  |
|  |  |  |  |
| All Residual risks acceptable? | Yes / No | Residual Risk Assessment Date | Date |
| Signature of Biological Safety Advisor |  |
| Signature of Applicant |  |