|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 |  | | | | |