University Health and Safety Policy (UHSP/9/BS/05) requires that risk assessment of all work with biological materials must be carried out in advance of work commencing and, in addition, any work involving:

- higher risk categories (ACDP 2 or above);
- animal or plant pathogens requiring a license from DEFRA;
- other categories of work or activities notified to Budget Centres by the Advisory Group on the Control of Biological Hazards

must be scrutinised by the University's Advisory Group on the Control of Biological Hazards.

YOU SHOULD COMPLETE ALL OF PART A, THE APPROPRIATE SECTION(S) OF PART B, AND ALL OF PART C. THE FORM SHOULD BE SUBMITTED TO THE HEALTH AND SAFETY UNIT FOR REVIEW VIA YOUR BIOLOGICAL SAFETY OFFICER.

Date submitted:  Date approved:

PART A: Please provide the following general information:

School/Department:

Principal investigator:  Position:

E-mail address:  Phone no.:

Author of assessment  Email:

Please give a brief and descriptive title for this risk assessment

Title:

Aims and objectives of investigation:

For Health & Safety Unit Use only. ASSESSMENT NO.
PART B: Please provide information in one or more of the following sections, as appropriate. Only the sections which you complete should be submitted.

Section 1: micro-organisms (prions, viruses, bacteria, fungi, parasites in ACDP categories 2 - 4 and pathogens controlled by the Department for the Environment, Food and Rural Affairs). Work with ACDP category 4 pathogens is not currently permitted in the University.

Section 2: cell cultures

Section 3: human tissues and body fluids

Section 4: plants and plant material

Section 5: animals and animal tissues
Section 1  Micro-organisms

1. Nature of organism

<table>
<thead>
<tr>
<th>Name and Strain</th>
<th>ACDP cat.*</th>
<th>Source</th>
<th>Antibiotic susceptibility/resistance</th>
<th>Virulence properties</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Has any strain been genetically modified in any way?  Yes / No  (Delete, as appropriate)

If yes, complete GM pro forma

* see The Approved list of Biological Agents – available via the Health and Safety Unit website

2. Risk to humans

Effects on human health (including colonization, infection, allergy, toxin-mediated disease):

Humans at increased risk of infection etc.

(including immunocompromised, pregnant women, breast-feeding mothers):

3. Quantity of organisms to be used

<table>
<thead>
<tr>
<th>volumes to be worked with</th>
<th>concentrations of organisms to be used</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

4. Interim Containment

ACDP level:

5. Environmental Considerations
(Risk to animals, fish, plants etc).

Section 2  Cell cultures
1. Nature of cells

<table>
<thead>
<tr>
<th>Name</th>
<th>ACDP cat.*</th>
<th>Anatomical and species origin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Are the cells derived from a person who currently has access to the laboratory where the work will be performed? Yes / No

**NB** Persons MUST NOT work on their own cells

If yes, what precautions are to be taken to prevent that person being exposed to the cells?

Have they been modified in any way (eg, by transfection, transformation etc.)? Yes / No

If yes, complete GM pro forma also

* See Managing the risks in laboratories and healthcare premises – to be found on HSE website (www.hse.gov.uk/biosafety/biologagents.pdf)

2. Risk to humans

Likely effects on human health (including risk of infection, e.g., presence of blood-borne viruses, cell products):

Humans at increased risk of infection etc. (including immunocompromised, pregnant women, breast-feeding mothers):

3. Interim Containment

<table>
<thead>
<tr>
<th>ACDP level</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Is use of cells likely to require DEFRA approval because of nature of any endogenous pathogens? Yes / No  (delete as appropriate)
If yes, approval will not be granted until a copy of the DEFRA licence has been submitted to the Advisory Group for the Control of Biological Hazards.

4. Environmental Considerations
### Section 3. Human tissues and body fluids

#### 1. Nature of tissues and body fluids

<table>
<thead>
<tr>
<th>Site of tissue, nature of body fluid(s):</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Details of human subjects from which tissue/body fluid is obtained (including likely presence of infective agents, e.g. blood borne viruses):</th>
</tr>
</thead>
</table>

#### 2. Infective Risk

<table>
<thead>
<tr>
<th>Likelihood of infective risks to laboratory workers:</th>
</tr>
</thead>
</table>

#### 3. Interim Containment

<table>
<thead>
<tr>
<th>ACDP level:</th>
</tr>
</thead>
</table>

#### 4. Ethical Approval

<table>
<thead>
<tr>
<th>Has this project been given approval by a local Ethics Committee? Has consent been obtained from the donor for the use of the blood/tissue (where required)?</th>
</tr>
</thead>
</table>
### Section 4. Plants, plant tissue or material, plant pathogens

#### 1. Nature of plant or plant tissue

<table>
<thead>
<tr>
<th>Name:</th>
<th>Is it infected with a pathogen?</th>
<th>Yes / No (Delete as appropriate)</th>
<th>If yes, also complete section 1</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Is it transgenic?</th>
<th>Yes / No (Delete as appropriate)</th>
<th>If Yes, complete GM pro forma also</th>
</tr>
</thead>
</table>

#### 2. Risk to humans

Likelihood of producing irritation, allergy, effects of toxins if present:

#### 3. Interim Containment

#### 4. Environmental considerations

(Risk to other plants)

Is the plant to be used controlled by the Department for the Environment, Food and Rural Affairs*? Yes/No

If Yes, approval will not be granted until a copy of the DEFRA licence has been submitted to the Advisory Group for the Control of Biological Hazards.
5. Animals and animal tissues

1. Nature of animal or tissue:

<table>
<thead>
<tr>
<th>Species</th>
<th>Sex</th>
<th>Anatomical site</th>
<th>Origin or geographical source</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Is the animal or tissue/body fluid to be worked with infected or to be infected?  Yes / No

**If Yes, also complete section 1 of this form**

Is a carcinogen, drug, or other substance to be administered to the animal(s) or present in the tissue?  Yes / No

**If Yes complete appropriate Chemical COSHH assessment.**

Have the investigators that will be performing work on animals obtained the appropriate Home Office Licence?  Yes / No

**If No consult the Director of Biomedical Services.**

Have Standard Operating Procedures (SOPs) for the proposed work been sent to, and approved by, the Director of Biomedical Services?  Yes / No

**If No, send SOPs to the Director of Biomedical Services. If Yes attach signed approval**

2. Risk to humans

Effects on human health (including infection, allergy, bites, scratches etc.):

Humans at increased risk of harm (including immunocompromised, pregnant women, breast-feeding mothers, workers repeatedly handling or multiply dosing animals):

3. Number of Animals to be used:


4. Environmental considerations

(Risk to other animals)
PART C  CONTROL MEASURES

1. Are any of the work procedures likely to generate aerosols? If so, should the work be undertaken in a safety cabinet?

2. Will the work require the use of sharps? If so, is there a safer alternative?

3. Protective equipment and clothing to be used

4. Transport and storage arrangements:
   How and where are materials to be stored?
   Are materials to be moved outside the laboratory suite (e.g., between buildings, on public roads, posted)?
   If so, could you outline how this is to be done?

5. Disinfection
   Specify dilutions of disinfectants. Have these disinfectants been validated for use with the recipient micro-organism?
6. Sterilisation and disposal procedures

7. Emergency procedures
   e.g. In the event of spills or accidental exposure to micro-organisms (specify disinfectants and any special containment for large volumes); Loss of containment; Escape of an animal, etc

8. Occupational Health issues
   including immunization, chemoprophylaxis and health monitoring, arrangements for record keeping of exposure to ACDP category 3 organisms; health surveillance if handling animals; allergy reporting if handling plant material, etc

9. Other control measures required? Final containment level required?

THIS FORM SHOULD NOW BE EMAILED TO YOUR BIOLOGICAL SAFETY OFFICER FOR INTERNAL APPROVAL. YOUR BSO WILL THEN FORWARD THIS FORM TO THE HEALTH AND SAFETY UNIT FOR REVIEW AND APPROVAL BY THE ADVISORY GROUP.