Laboratory Risk Assessment Template

Part A: Procedure Details

Title:	
Brief summary of procedure: *(append detailed procedures to risk assessment)*	
Location Details:	
Department:	**Location Assessment applies to:** ☐All HSNO Exempt Labs in Department ☐Specific Location, Building: Room:

Part B: Approval

Prepared by: (add additional rows if required)		
Name :	Signature:	Date:
Department Laboratory Manager Approval:		
Name:	Signature:	Date:
This Risk Assessment is to be reviewed by:		
Date: / /		

Part C: Hazards Identification

Add additional rows as required

Hazardous Substances/Materials				
Substance name	**Hazard Classifications**	**Other Hazards/ Exposure limits**	**Max Conc. used**	**Max Qty used**

Hazardous Equipment/Processes	**Hazard**

Part D: Risk Assessment

Use the table below to document the risks associated with the procedure (the potential injury or harm that could arise from the hazards identification in Section C), including the likelihood (using the descriptors on the right as a guide) and consequences.

Consider the likelihood and consequences with no controls implemented (pre-control). Once you have documented your controls in Section E, reassess the likelihood and consequences (post-control).

Add additional rows as required.

[1]Likelihood Descriptors	
Likelihood	**Description**
Negligible	**Cannot occur or is extremely improbable**
Unlikely	**Not expected to occur during normal operations but conceivable it could**
Likely	**Could be expected to occur from time to time during normal operations**
Almost certain	**Expected to occur during normal operations**

Description of risk	**Pre-control risk assessment (with not controls implemented)**		**Post-control risk assessment (with controls stipulated in Section E implemented)**	
	Likelihood[1]	**Consequences**	**Likelihood[1]**	**Consequences**

Part E: Control Plan

Specify the controls to be implemented to minimise the risks identified, following the boxes below as a guide.

Engineering/Equipment Controls
Any items of equipment (other than PPCE) used to minimise a hazard e.g. fume hood, guards, spill kits:

Personal Protective Clothing and Equipment Controls
Items that are worn by the user to protect themselves such as safety glasses. Please be specific For example, if gloves specified, specify type of glove to be used (e.g. are disposable gloves suitable or is a chemical resistant glove required? Where chemical resistant gloves are required, specify the make/model to be used, e.g. Ansell Chemi-Pro 224):

Administrative Controls
Work practices or procedures followed to minimise a hazard (e.g. disposal of sharps into sharps bin at point of use):

Working in Isolation Controls
Is the procedure subject to any restrictions on working in isolation? E.g. task may only be conducted between specified hours/Mon-Fri/ or more than one person must be present. ☐No ☐Yes, specify below:

Hazardous Waste Disposal
Is the procedure expected to generate hazardous wastes? ☐No ☐Yes, specify disposal method:

Emergency Procedures
Does the procedure require any specific emergency procedures not covered by University of Otago Emergency Procedures? ☐No ☐Yes, specifiy below:

Additional Information:
Specify any other important additional information:

Part F: Training

Approved Trainers – Specify personnel approved to train users in this procedure:		
Name	**Position**	**Laboratory**

Training Record – Record trained users below				
Trainee Name	**Signature**	**Trainer Name**	**Trainer Signature**	**Date**