UNIVERSITY OF CAMBRIDGE DAMTP GKB Laboratory		Base Risk Assessment Form 1
		Dept Reference Number: RA

Version: BaseRA1-2019

Researcher	
Name:	
Office:	
Phone:	
E-mail:	

Supervisor/Principal Investigator/Host	
Name:	
Office:	
Phone:	
E-mail:	

Project title:

Brief description of project:

Date for this revision:

Date for next revision:

Emergency measures:

Please note: This section is intended to provide others with guidance if they have to deal with your equipment in an emergency situation. In the majority of situations, the appropriate answer will be '*Do not care*', giving the freedom to react as appropriate. Only in a small subset of cases will '*No*' be an appropriate answer, and in such cases it is important to state the reasons why.

	Yes	**No**	**Do not care**	**Not applicable**
Fire alarm				
Knock down switch				
Turn off piped services				
Drain equipment				
Other				
Flood				
Knock down switch				
Turn off piped services				
Drain equipment				
Other				
Electrical fault				
Knock down switch				
Turn off piped services				
Drain equipment				
Other				
Equipment failure				
Knock down switch				
Turn off piped services				
Drain equipment				
Other				
Biological containment				
Isolate area – Containment Level 1				
Isolate area – Containment Level 2				
Knock down switch				
Turn off piped services				
Drain equipment				
Other				

Please explain the reasons behind any '*No*' responses in the table above.

	Brief description of main hazards	To do	State 'N/A' 'Attached' or give Ref
Electrical			
Mechanical			
Chemical §5.3		Attach COSSH Form 2 and SDS sheets	
Optical (non-laser)			
Laser §§2.3.3, 5.6.4	Class1 ☐ Class 2/2M ☐ Class 3R ☐ Class 3B ☐ Class 4 ☐	Attach Laser Risk Assessment Form 3 and Form 4	
Biological (Non-GM)	HG1 ☐ HG2 ☐ CL1 ☐ CL2 ☐	Attach Bio Risk Assessment Form 5	
Biological GM	HG1 ☐ HG2 ☐ CL1 ☐ CL2 ☐ GM Class 1 ☐ GM Class 2 ☐	Attach GMShortform, GMA, GMB etc	
Thermal (hot or cold)			
Other			

Which sections of the Laboratory Manual have you read? (Please tick)

§1 ☐ §2 ☐ §3 ☐ §4 ☐ §5 ☐ §6 ☐

Are the risks associated with the project covered by the Laboratory Manual? Yes/No

Describe any waste or by-products produced by the experiment, any risks associated with handling them and how they will be disposed of. §2.3.7

Description of additional risks and the measures taken to minimise potential incidents. (Please continue on a separate sheet if required.)

List any Personal Protective Equipment (PPE) appropriate for this work, and the circumstances under which it is used.

List any special restrictions on clothing (*e.g.* a need for lab coats, long trousers or hair retention).

Describe any impact your work might have on others working in the Laboratory (*e.g.* noise or lighting conditions) and what measures will be put in place to reduce or remove the hazard or annoyance.

Do you feel competent to undertake this work? Have you discussed the project with your supervisor, principal investigator or host? Please list any areas where you believe training would be beneficial.

Have all items of electrical equipment been tested for electrical safety and do they display a valid test sticker? This includes IEC mains cables, plug boards, computers and video equipment. Please list the items of electrical equipment you are using. The equipment must be re-tested if the sticker only states the date the equipment was last tested.

Do you intend to work alone in the lab out of hours? If ‘yes’, then please list any additional safety measures or procedures you will undertake to ensure your safety.

Signatures:

Date:

(Researcher) (Supervisor)

For Office Use Only:
Comments:

Incidents:

Laboratory Safety Officer:
Date:

Risk Assessment Review

All risk assessment documents must be reviewed at least annually. They must also be reviewed when any significant changes take place, and after any relevant accident or incident.

This sheet can used to record reviews where there is no change or where there are small changes to the risk assessment which can easily be stated.

Date of Review	**Changes** Explain any changes here or state "None".	**Signature of Research Supervisor**