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| **DETAILS**  |
| **Name** | Click or tap here to enter text. |
| **Staff / student number** | Click or tap here to enter text. |
| **Contact number** | Click or tap here to enter text. |
| **Email** | Click or tap here to enter text. |
| **Campus** | Click or tap here to enter text. |
| **School** | Click or tap here to enter text. |
| **Name of your supervisor** | Click or tap here to enter text. |

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| **PROJECT DETAILS** |
| **Project title****(Max 240 characters)** | Click or tap here to enter text. |

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| **MICRO-ORGANISM INFORMATION** |
| **Name of micro-organism** | Click or tap here to enter text. |
| **Risk group of micro-organisms (as per Australian Standard AS/NZS 2243.3)** | Click or tap here to enter text. |
| **Produces infection in humans.** |[ ]
| **Requires precautions to be implemented for at-risk persons and / or women.** |[ ]
| **Has a potential for unknown infections?** |[ ]
| **Requires immunisation when working with.** |[ ]

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| **Use the hazard prompts listed in the Micro-Organism properties, Environment / PPE, Administrative / legislative, Procedures, Media and storage / disposal sections below, marking the ones relevant to the micro-organism. Transfer the marked items to the risk assessment form and complete the risk assessment. Please refer to the Australian Standard AS/NZS 2243.3 for additional information.** |
| **MICRO-ORGANISM PROPERTIES** |
| ***Indicate which of the following properties are relevant to the use of the micro-organism.*** |
| Bacteria |[ ]  Fungi |[ ]
| Mycoplasma |[ ]  Parasites |[ ]
| Prions |[ ]  Rickettsia |[ ]
| Soil  |[ ]  Viruses |[ ]
| Zoonotic |[ ]  Other: (please list) |[ ]

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| **ENVIRONMENTAL / PPE REQUIREMENTS** |
| ***Indicate which of the following properties are relevant to the use of the micro-organism.*** |
| Autoclave |[ ]  Biological safety cabinet – Class II |[ ]
| Disinfectants |[ ]  Face Shield |[ ]
| Gloves (detail type on risk assessment) |[ ]  Gown |[ ]
| Respirator (detail type on risk assessment) |[ ]  Safety Glasses |[ ]
| Specific safety equipment required (please detail on risk assessment) |[ ]  Documented spill procedures and equipment available |[ ]
| Other: (please list) |[ ]  Other: (please list) |[ ]

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| **ADMINISTRATIVE / LEGISLATIVE REQUIREMENTS** |
| ***Indicate which of the following properties are relevant to the use of the micro-organism.*** |
| AQIS product |[ ]  Australian Quarantine Inspections Service Approval required and attached |[ ]
| Import permit required |[ ]  Institutional Biosafety Committee (IBC) Approval required and attached |[ ]
| Office of the Gene Technology Regulator (OGTR) Approval required and attached |[ ]  Security Sensitive Biological Agent (SSBA) |[ ]
| Training required |[ ]  Other: (please list) |[ ]

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| **PROCEDURES** |
| ***Indicate which of the following procedures will apply to the use of the micro-organism.*** |
| Aspiration |[ ]  Blending |[ ]
| Centrifugation |[ ]  Grinding |[ ]
| Modification |[ ]  Microbiological / Tissue culture |[ ]
| Pipetting |[ ]  Pouring |[ ]
| Slide preparation |[ ]  Sonication |[ ]
| Vigorous Shaking/Mixing |[ ]  Using Automated Equipment |[ ]
| Other: (please list) |[ ]  Other: (please list) |[ ]

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| **MEDIA**  |
| ***Indicate which of the following growth mediums will be used with the micro-organism.*** |
| Agar |[ ]  Antibiotics |[ ]
| Broth |[ ]  Cell Culture |[ ]
| Embryonated eggs  |[ ]  Foetal Bovine Serum (FBS) |[ ]
| Supplements |[ ]  Other: (please list) |[ ]

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| **STORAGE / DISPOSAL REQUIREMENTS** |
| ***Indicate which of the following storage / disposal requirements are relevant to the micro-organism.***  |
| Suitable storage has been identified (provide details below including room location e.g. fridge, freezer, incubator, bench)**Campus** Click or tap here to enter text.**Building** Click or tap here to enter text. **Room** Click or tap here to enter text. **Location** Click or tap here to enter text. |[ ]
| Micro-organism has a restricted access or specific storage requirement |[ ]
| Specific spill containment procedures apply. |[ ]
| Micro-organism is being relocated from another facility. |[ ]
| Micro-organism containers must be sealed during storage. |[ ]
| Specific labelling requirements apply. |[ ]
| Disposal of Sharps |[ ]
| Other: (please list) |[ ]
| Other: (please list) |[ ]
| Other: (please list) |[ ]

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| **Risk Assessment** * Provide detailed description of all hazards identified in tables above (*Insert additional rows if required)*
* Outline in detail the specific controls and determine risk rating using risk matrix
* Specify the control type (from Hierarchy of control)
 |
| **RISK ASSESSMENT** |
| **Hazard** | **Proposed controls** (What will be done to eliminate or reduce the risk?) | **Risk rating** | **Control type** |
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| **APPROVAL AND ACKNOWLEDGEMENT**  |
| **Assessor’s name:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **Consultant Name:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **Supervisor:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **Facility Manager:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **HoS/Director**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |

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| All additional persons performing these tasks must sign that they have read, understood and will follow the risk assessment*For activities which are low risk or include a large group of people, only the persons undertaking the key activities need to sign below. For all others involved in such activities, the information can be covered by other methods (safety information sheet, safety briefing, induction) providing this is clearly specified in the risk assessment.* |
| **I have read, understood and will follow this risk assessment.** |
| **Name** | **Signature** | **Date** |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |

**Appendix 1: Risk Rating Guides and Hierarchy of control**

Please consult the [Risk Management Guidelines](https://policy.csu.edu.au/download.php?associated=1&id=532&version=3) for the complete risk guidelines (including impact ratings) and the [Risk Appetite Statement](https://policy.csu.edu.au/download.php?associated=1&id=941) for risk tolerance.

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| **Risk Ratings Matrix** |  |  |  |  |
| **Risk Matrix** | **1. Insignificant** | **2. Minor** | **3. Moderate** | **4. Major** | **5. Catastrophic** |
| **5. Almost Certain** | Medium | High | High | Very High | Very High |
| **4. Likely** | Medium | Medium | High | High | Very High |
| **3. Possible** | Low | Medium | Medium | High | High |
| **2. Unlikely** | Low | Low | Medium | Medium | High |
| **1. Rare** | Low | Low | Low | Low | Medium |

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| **Risk Likelihood Ratings Guide** |
| **Likelihood Rating** | **Description** | **Indicative Frequency of Occurrence**  |
| **5. Almost Certain** | The event will occur within the planning period. | Greater than 90% chance of occurring/known to occur every year. |
| **4. Likely** | The event is likely to occur within the planning period. | 51% to 90% chance of occurring/once every 1-2 years. |
| **3. Possible** | The event may occur within the planning period.  | 30% to 50% chance of occurring/once every 2–3 years. |
| **2. Unlikely**  | The event is not likely to occur in the planning period. | 5% to 30% chance of occurring/once every 3–5 years. |
| **1. Rare** | The event will only occur in exceptional circumstances. | Less than 5% chance of occurring/once every 5–10 years. |

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| **Level of Risk** | **Recommended Action** |
| **Low:** | Manage risk with existing controls in place |
| **Medium:** | Acceptable provided current and additional controls are verified as effective and in place by the site, task or activity manager or their delegate |
| **High** | Only acceptable if it is not practicable or efficient to reduce the level of risk and approved by Division or Faculty head or their delegate |
| **Very high** | Not permitted unless approved by the executive leadership team. If approved, long term reduction plan required. |

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| **Hierarchy of control**  |  |  |  |
| **Level** | **Control** | **Abbreviation**  |
| **1** | **Elimination-** e.g eliminate the chemical or hazard by use of alternative means. | **ELI** |
| **2** | **Substitution-** e.g. substitute with a safe chemical. | **SUB** |
| **3** | **Isolation-** isolate or separate the person from the hazard. | **ISO** |
| **4** | **Engineering-** engineering solution e.g. fume cabinet. | **ENG** |
| **5** | **Administration-** use of procedure, safe working procedures and / or training. | **ADM** |
| **6** | **PPE -** use of personal protective equipment. | **PPE** |

**Appendix 2: Approval Flow charts**

**Research Approval Undergraduate Teaching Approval**

Clinic/Institute Director or delegate

**Research Fieldwork**

**Institute**

**Research Fieldwork**

**School**

**Research Laboratory**

**School**

**Research Laboratory**

**Clinic/Institute**

Researcher/s and participants (e.g. project team members)

Researcher/s and participants (e.g. project team members)

Researcher/s and participants (e.g. project team members)

Researcher/s and participants (e.g. project team members)

Supervisor / Lead Researcher

Supervisor / Lead Researcher

Supervisor / Lead Researcher

Area Technical Manager

Head of School or delegate

Head of School or delegate

Institute Director or delegate

Supervisor / Lead Researcher

Subject Coordinator/convener

**Undergraduate Teaching:**

Laboratory, specialist teaching space, clinical and fieldwork

Area Technical Manager

Head of School or delegate