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| **Assessor’s details** |
| Name |  |
| Staff / student number |  |
| Contact number |  |
| Email |  |
| Campus |  |
| School |  |
| Name of your supervisor |  |

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| **Project details** |
| Project title*(Max 240 characters)* |  |

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| **Micro-Organism Information** |
| Name of micro-organism |  |
| Risk group of micro-organisms (as per Australian Standard AS/NZS 2243.3) |  |
| 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 and location detailed on microbiological risk assessment (included building, room, fridge, freezer, incubator, bench.) |[ ]
| 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** |
| Hazard | Potential consequences | Existing controls / assumptions | Risk rating | Additional controls | Residual risk rating | Control type |
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| **Control types** |
| **Abbreviation** | **Control description** |
| ELI | Eliminate the chemical or hazard by use of alternative means. |
| SUB | Substitute with the safe chemical. |
| ISO | Isolate or separate the person from the hazard. |
| ENG | Engineering solution e.g. fume cabinet. |
| ADM | Use of procedure, safe working procedures and / or training. |
| PPE | Use of personal protective equipment. |

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| **Risk Assessment Matrix** |
| Evaluate the level of risk associated with the hazard identified. |
| **TWO VARIABLE RISK MATRIX** *- Identify the likelihood and consequence to calculate the risk rating* |
|  | **Likelihood** |
| 1 | 2 | 3 | 4 | 5 |
|  | **Consequence** | Rare | Unlikely | Possible | Likely | Almost Certain |
| 5 | Extreme (death or permanent injury) | Medium | High | Very High | Very High | Very High |
| 4  | Major (hospitalisation) | Medium | Medium | High | Very High | Very High |
| 3  | Moderate (medical treatment) | Low | Medium | Medium | High | High |
| 2  | Minor (first aid) | Low | Low | Medium | Medium | Medium |
| 1 | Insignificant (no treatment) | Low | Low | Low | Low | Low |
|  |
| **Rating** | **Likelihood** | **Indicative frequency of occurrence** |
| 1 | Rare | Less than 5% chance of occurring |
| 2 | Unlikely | 5% to 30% chance of occurring |
| 3 | Possible | 31 to 50% chance of occurring |
| 4 | Likely | 51% to 90% chance of occurring |
| 5 | Almost certain | Greater than 90% chance of occurring |
| **Risk level** | **Actions** |
| Low | Undertake the activity with the existing controls in place. |
| Medium | Additional controls may be needed. |
| High | Controls will need to be in place before the activity is undertaken. |
| Very High | Consider alternatives to doing the activity. Significant control measures will need to be implemented to ensure safety. |

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| **Signature and authorisation** |
|  | Name | Signature | Date |
| Assessor |  |  |  |
| Consultant |  |  |  |
| Consultant |  |  |  |
| Supervisor |  |  |  |
| Facility Manager |  |  |  |
| Head of School / Centre Director |  |  |  |