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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 |  |  |  |