

Risk Assessment Form

Procedure	Use of Laboratory Drying Cabinet
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Name(s) of person performing the work	Users (Lab manager & Lab Technician & Tenants & Licensee's)		
Name & position of assessor	Khwaja Islam & Laboratory Manager	Signature	
Date of assessment	01/10/2018	RA Number	BioE 0005

Outline of procedure / activity:

The laboratory drying cabinet is used for drying of laboratory glassware and utensils and situated in the services lab (696.10.24). The unit is fitted with hinged, toughed glass door, case is single skinned and fabricated from rust proofed steel, a temperature controlled (maximum 65°C) and mains switch are provided on the front of the cabinet base, together with a heater lamp (fully sheathed), shelves are provided and the positions of which are adjustable.

Installation:

- The feet on the base of unit should not be removed, or the air space restricted.
- The cabinet should be stood on a firm level surface.

Warning:

- External surface temperature may attain a temperature of up to 90°C during operation at maximum setting. A space of 100mm **MUST** be left around all external surfaces.

Operator must be trained in operating and loading the drying cabinet to guarantee safe daily use. Untrained Personnel are not be allowed to operate the drying cabinet.

Potential hazards

Substance or item handled	Associated Hazard (s)	Existing Control Measures	Risk (L/M/H)	Further Action required	Risk (L/M/H)
Glass door of the drying cabinet	Hand or arm trapped in the door.	Ensure hands are out the way of the door. Use the handle to close the door carefully.	L	No further action required if the existing control measures are adhere to.	L
Contact with hot surfaces	Burn / Scalds from contact with hot surfaces/glass ware	Wear appropriate PPE (safety glasses, lab gloves and coat must be worn all times). Heat resistance gloves worn when unloading material. Take care when unloading the unit. Warning labels: caution hot surface labels applied to the drying cabinet.	M	No further action required if the existing control measures are adhere to.	M
Drying cabinet	Electrical shock	Only switch on the device if the device and power cable are undamaged Only trained personal are allowed to use the machine. Drying cabinet is earthed, protective earth connection for the machine is provided using 13A plug fitted to the machine. Annual pat testing. Regular visual checks of power cords for fault, fraying or wear and regular	M	No further action required if the existing control measures are adhere to.	M



		electrical safety check. Any faults reported and repaired before use.			
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Persons potentially at risk:

Only the user or others near by

Action in event of an accident or emergency:**1. First Aid Measure:**

Burns – immersing the burn in cool water immediately, removing clothing from the burn area, and keeping the injured area cool for at least five minutes (preferably longer). Any burns to the face or eye or any burns that blister should be seen by a physician.

2. Fire: raise the fire alarm and evacuate the area. Use correct fire extinguisher if you have been trained and it is safe to do so.**Arrangements for monitoring effectiveness of control:**

Daily inspection of equipment by lab technician.

Annual preventative maintenance carried by external contractor.

Instruction and training given to all operators which is reviewed annually.

Existing operators receive annual refresher training.

Annual pat testing by external contractor.

Arrangements for monitoring effectiveness of control:

Review of the Risk Assessment:

Date of review		Name of reviewer	
Date of next review		Signature	

Have the control measures been effective in controlling the risk?

Yes	No
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Have there been any changes in the procedure or in the information available which affect the estimated level of risk from the listed substances

Yes	No
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What changes to the control measures are required?



Declaration by Tenant/Licensee/Technician:

I confirm that I have read this Risk Assessment and that I understand the hazards and risks involved and will follow all of the safety procedures stated. Where PPE has been identified as a control measure, I will ensure that it is worn.

Declaration by Laboratory Manager (LM):

I confirm that the tenant/licensee/technician who has signed below is competent to undertake the work. My counter-signature indicates that I am happy for the work to proceed.

Name (Please print)	Signature	LM Countersignature	Date

Name (Please print)	Signature	LM Countersignature	Date