**A valid Risk assessment for [Insert name of experiment or equipment, not abbreviation] already exist in KLARA and still applies to the experiment / equipment.**

Therefore, you as assessor(s) can use the existing risk assessment and carry out the work in accordance with it. You must discuss the existing risk Assessment with the lab manager /supervisor / tool manager before the experiment take place.

This document is stored with the department's operations controller, Eva Werner Sundén and will also be uploaded to the KLARA system. All present and future employees concerned with the activity described herein shall be informed of the content of the risk assessment.

**Date of existing risk assessment in KLARA:** State the date the valid risk assessment was signed by Head of Department!

**Room number:** State the location where the activity takes place!

I hereby declare that the information contained in the risk assessment is, to the best of my knowledge, correct and truthful. I declare that I have sufficient knowledge to assess the risks contained in the risk assessment and that the procedure is both necessary and is carried out in such a way that the risks are as low as reasonably practicable. Where necessary, I have sought and obtained expert advice on the risks and ways in which these risks may be minimized.

I undertake to update the risk assessment if any of the information becomes outdated or if new information is required. I understand that the risk assessment is valid until the next scheduled annual review, at the longest for a maximum of one year from the date it is countersigned by the laboratory responsible, and the risks must be reassessed, and the document must be renewed.

Duplicate the below box as needed; one box for every participating assessor (may include your supervisor and the instrument/tool responsible)!

|  |  |
| --- | --- |
| Name of assessor | Email address |
|  |  |
| Signature | Date |
|  |  |

I hereby declare that the information contained in this risk assessment is, to the best of my knowledge, correct and truthful. I have verified that the stated actions are implemented.

|  |  |
| --- | --- |
| Name of supervisor/lab responsible/tool manager | Email address |
|  |  |
| Signature | Date |
|  |  |