|  |  |
| --- | --- |
|  | **Organism Name:**      **Employee Name:****Department:****Supervisor:****Date (year-month- day):** |
| Risk assessment form for bioRisksJanuary 2022 |  |
| * Part A: Risk Assessment of a particular bioriskPart B: Risk Assessment of a procedure (you can repeat this portion as needed)
* This form must be submitted to the CBH Lab Safety Coordinator and all new biorisks must be registered BEFORE you begin working with them in the lab.
* For relevant legislation, see AFS 2018:4
* This form may be submitted to Arbetsmiljöverket in order to update our notifications.
* This template is based on a similar risk assessment designed by Karolinska University.

 |  |
| Site Information |
| Address and Lab Rooms to be used:       |
| **Current Registered Safety Level of the Lab Space:** |  |
| CHaracterization of the organism(s) |
| [ ]  Virus [ ]  Bacteria [ ]  Toxin [ ]  Cell line [ ]  Fungi [ ]  Protozoa [ ]  Other        |
| **Name of group, organism,** **subgroup, type, strain designation(s), etc.:** |   |
| **What is risk group does the organism belong to?**[ ]  Risk group 1 [ ]  Risk group 2  |
| **Is the organism genetically modified?** *If yes specify following:*[ ] Does the modification have the potential to enhance the organism’s pathogenicity?      [ ] Does the modification have the potential to enhance the pathogens ability to spread in the environment?      [ ] Does the modification increase the organism’s resistance to disinfectants?      |
| **Source of the Organism (i.e. ATCC):** |       |
| **Special properties of the particular strain(s):** | [ ]  antibiotic resistance? *elaborate:*      [ ]  virulence factors? *elaborate:*      [ ]  resistance against drying? *elaborate:*      [ ]  resistance against heat? *elaborate:*      [ ]  resistance against disinfectants? *elaborate:*      [ ]  risk for allergic reactions? *elaborate:*      [ ]  risk for pregnant employees? *elaborate:*      [ ]  Other; *please elaborate:*       |
| **Survival of the organism in the environment:** |       |
| **Symptoms if infected (e.g. disease spectrum):** |       |
| **Natural routes of infection:** | [ ]  aerosol [ ]  skin contact [ ]  mucous membrane contact [ ]  injection[ ]  dust[ ]  ingestion[ ]  other |
| **Possible routes of transmission in the lab:** | [ ]  aerosol [ ]  skin contact [ ]  mucous membrane contact [ ]  injection [ ]  dust [ ]  ingestion [ ]  other       |
| **What concentrations and volumes of the organism do you intend to work with?** |
| **How many hours per week does a particular employee spend working with the organism (in and out of the BSC)?** | [ ]  0-1 hours/week [ ]  2-5 hours/week [ ]  5-10 hours/week  [ ]  10-20 hours/week [ ]  more than 20 hours/week |

|  |  |
| --- | --- |
| B1) Risk assessment- laboratory work |       |
| **General description of the work:** |       |
| **Method description(s) including type of work (cultivation etc.):** Please elaborate. |       |
| **Which part(s) of the handling possesses the highest risk of infection?** *E.g. propagation, sonication, centrifugation or use of needles.* |       |
| **Safety procedures to minimize the risk of laboratory infections:** *E.g. minimize volumes, evaluate if a less pathogenic strain can be used or how to avoid aerosols and sharp objects.* |       |
| **Protective Handling procedures for the organism:****Are you working in the Biological Safety Cabinet?**[ ]  During the whole method.[ ] During parts of the method, which?     **Protective clothing** **is mandatory. See lab safety regulations.** [ ]  **Protective gloves.** Specification of gloves     [ ]  During the whole method. [ ] During parts of the method, which?     **Other**, please elaborate:       |
| **Does the procedure involve hazardous chemicals?** | [ ]  No[ ]  Yes, If yes, which?      What are the Hazard statements associated with these chemicals?      Are any of the chemicals CMR?      Do any of the chemicals require a permit prior to use?     What protective measures to you plan to take to limit exposure to chemicals?      |
| **Liquid Waste Disposal Plan***Does it contain mixed sources e.g. antibiotics/chemicals that need special considerations?* |      [ ]  No[ ]  Yes, which?      , how should this be handled?       |
| **Solid Waste Disposal Plan***Please specify type of solid waste generated.**How is solid waste handled?* |       |
| **Describe routines for handling an infectious spill?** |       |
| **Name and phone number of contact persons (in case of accident):** | 1.
2.
 |
| **Have you considered the experiments in view of laboratory biosecurity and dual-use?** | [ ]  Yes[ ]  No, Why:      [ ]  Not applicable. Why:       |
| **How many employees are performing the experiments (or otherwise involved)?** |       |
| **Are there employees needing special consideration?** *E.g. pregnant employees* |       |
| **Considering the frequency of accident and the consequence, should an accident occur, is this procedure of acceptable risk?** |       |
| **Supervisor Signature** **Employee Signature**  |            |
|  |  |