



**School of Life Science**  
**Risk Assessment – HTA**  
**Storage of Human Tissue**

<b>RA Reference:</b>	RA/HTA/002
<b>Version Number</b>	1.0
<b>Date:</b>	24/05/2018
<b>Review by:</b>	30/05/2020

<b>Author:</b> Dr Robert Fowler <b>Designation:</b> Persons Designate – School of Life Sciences	<b>Signature</b> 	<b>Date</b> 24/05/2018
<b>Authorised By:</b> Dr Georgios Giamas <b>Designation:</b> Designated Individual School of Life Sciences HTA Research Licence		24/05/2018
<b>Expert Authorisation</b> <b>Designation:</b> <b>Contact Details</b>		

Version	Date	Reason for Change

**Risks should be evaluated using the following system, assessing the Likelihood (L) of the risk and the Severity (S) of the risk if it was to occur:**

<b>Likelihood of risk</b>	<b>5</b>	Almost Certain	<b>5</b>	<b>10</b>	<b>15</b>	<b>20</b>	<b>25</b>
	<b>4</b>	Very Likely	<b>4</b>	<b>8</b>	<b>12</b>	<b>16</b>	<b>20</b>
	<b>3</b>	Likely	<b>3</b>	<b>6</b>	<b>9</b>	<b>12</b>	<b>15</b>
	<b>2</b>	Unlikely	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	<b>10</b>
	<b>1</b>	Very Unlikely	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
			No tissue damage/loss	Minor tissue damage/loss	Significant tissue damage/loss	Tissue destroyed but replaceable	Tissue destroyed and irreplaceable
			No risk to personnel	Minor risk to personnel	Medium risk to personnel	Significant risk to personnel	Major risk to personnel
			<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
			<b>Severity of risk</b>				

**Score Action to be taken:**

0-5 No further action needed.

6-9 Appropriate additional control measures should be implemented

10-25 Work should not be started or should cease until appropriate, additional, control measures are implemented.

**Reducing risk:** procedural planning, contingency planning, personnel training and re-evaluation of procedures can be considered to reduce risk.

**Section 1 – Storage**

SCHOOL : LIFE SCIENCES	GROUP : HTA	TASK / ACTIVITY: Storage of Human tissue
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Section 2 - Identifying Hazards		Section 3 - Existing Control Measures	Section 4 – Evaluating Risk	Section 5 – Action Plan				
Hazard	Persons/material at risk and how affected	Existing Control Measures	Risk Rating (LxS=R)	Action required to control risk	Risk Rating (LxS=R)	Action by Whom	Deadline for action	Date completed
<i>Example</i>	<i>Type the text in here to describe the hazard</i>	<i>Describe any existing control measures</i>	$4 \times 5 = 20$	<i>Type the text in here to describe the action required to reduce the risk to an acceptable level</i>	$4 \times 1 = 4$	<i>The name of the person given the action – they must agree to it!</i>	<i>The date by which the action is to be completed</i>	<i>Date actually completed</i>
Loss of tissue on tracking system (Itemtracker)	Risk to the locating of individual human tissues samples.	<ul style="list-style-type: none"> <li>- Intergrated tracking database software which catalogues all samples and their location.</li> <li>- Itemtracker training for all personnel who manage tissue samples to increase awareness.</li> </ul>	$2 \times 1 = 2$					
Loss of tissue due to fridge/freezer/cryo-vessel failure.	Risk to the integrity of the material - Material could thaw and be rendered useless.	<ul style="list-style-type: none"> <li>-Constant temperature monitoring of fridge/freezers/cryostores</li> <li>- All freezers on maintained power supply in case of power cut</li> <li>- 24hr alarm systems in place to call out when temperatures range too high or low.</li> <li>- Annual servicing of ULT freezers and cryo-storage vessels.</li> <li>- Contingency plan for if storage facility</li> </ul>	$2 \times 2 = 4$					

		malfunctions/stops working. - Cross campus contingency plan with BSMS and UoB						

Is further monitoring required?	Yes
Is a more detailed assessment (e.g. Clinical Risk, COSHH, Manual Handling, Display Screen Assessment) required? Please state which one:	No, unless the samples are suspended in something which could be considered a hazardous chemical, then COSHH should be completed.
Is further information or investigation required to complete risk assessment?	No

**Section 7 - Assessment Sign Off**

ASSESSOR'S NAME : ROBERT FOWLER	JOB TITLE : TECHNICAL COORDINATOR
DATE OF ASSESSMENT : 24/05/2018	REASSESSMENT DATE : 30/05/2020
	A
	B
	C
	D
	E

ASSESSOR'S SIGNATURE : 	SAFETY OFFICER'S SIGNATURE :	
PERSON INVOLVED NAME	SIGNATURE	DATE
<u>Dr Georgios Giamas</u>		