**BIOLOGICAL AGENTS PROJECT SCHEME OF WORK: Section 1**

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| Person(s) responsible for this activity (*Principal Investigator*): | | |
| Name(s): | | |
| Department: | | |
| Person conducting this assessment (*if different from above*): | | |
| Name: | | Position: |
| Department: | | Date: |
| Project Title: | | |
| **Location(s) of work activity** | Department(s):  Building(s) and Room(s): | |

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| **INTRODUCTION** |
| **Background and aims of the project** |
| **Brief description of experimental procedures** |

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| 1. **HAZARD IDENTIFICATION** | | | | | | |
| **MATERIAL OF HUMAN OR ANIMAL ORIGIN**  i.e. Tissues, cells, body fluids, excreta | | | | | | |
| * 1. List all the tissues, cells, body fluids or excreta to be used (species, type, where obtained).  *Please include details such as ACDP Hazard Groups where applicable* | | | | *Details on the source of the material must be included* | | |
| * 1. Describe what infectious agents this material has been screened for.  *If material is unscreened, please ensure that Section 2 of this risk assessment is completed* | | | |  | | |
| * 1. Does any of the material listed or work planned require a licence or other permit before work commences? | | *e.g...SAPO, DEFRA, or FERA licences, EA or local authority permit* | | | | |
| * 1. Does the work require ethical approval? | | Yes ☐ No ☐ | | | | |
| **BIOLOGICAL AGENTS (not genetically modified)**  i.e. a micro-organism, cell culture, or human endoparasite which may cause infection, allergy, toxicity or other hazard to human health | | | | | | |
| * 1. Non-GM biological agents used: | Name of agent(s) | | | | Strain(s) | Hazard Group |
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| * 1. Describe the type and severity of the disease that can be caused by each of the agents, and if relevant, the particular strains in use | | | |  | | |
| * 1. Do any of the organisms listed require a licence or a permit before work commences? | | | | *(e.g. SAPO, DEFRA, or FERA licences)* | | |
| **GENETICALLY MODIFIED BIOLOGICAL AGENTS**  i.e. Biological agents as above that either have previously been or will be genetically modified during this project  **Please note all such work will also require the completion of a separate GM Risk Assessment** | | | | | | |
| * 1. Provide an overview of the different types of GMM being used or created during this project. The scope and boundaries of the work need to be made clear. | | | |  | | |
| * 1. Are animals to be used as part of this project? | | | | What procedures will be undertaken? | | |
| Where will this aspect of the work be undertaken? | | |
| * 1. Do the workers on this project require any health surveillance or monitoring | | | | *Further information and guidance is available from Occupational Health.* | | |
| 1. **DECLARATION:** | | | | | | |
| * 1. Are you confident that for all items detailed above there are no harmful properties associated with any component?   Yes/No/Unsure   * 1. Are you confident that none of the materials will be hazardous to human health or the environment?   Yes/No/Unsure  If the answer to BOTH of the last two questions is YES, then the project will be provisionally classified as requiring Containment Level 1, as defined under the relevant regulations. To do this, you must be confident that even a total loss of containment would be of no risk to human health or the environment. | | | | | | |
| * 1. Do any of the materials contain pathogens or toxins covered by the Anti-Terrorism (Crime and Security Act) or similar legislation? | | |  | | | |

If you are unsure about the above, then a more detailed risk assessment will be required using Section 2 of this form. Please contact your Departmental Biological Safety Officer or the University Biological Safety Adviser for advice.  
  
PI signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
 **Containment Level 1 project approval:**

Departmental Biological Safety Officer:

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Head of School/Department/Section

Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

APPENDIX 1:

List of staff, students or visitors authorised to carry out work on this project

Please add as many lines as needed, including full names of each worker



Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_