**Risk Assessment Sheet**

Notes:

1. This list is to be completed by the research personnel and be approved by the team manager prior to working on a new project.

**Section to be completed by Team member**

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| Part I - General Information | |
| Name of PI | Professor Micky Tortorella |
| Project Title |  |
| Biosafety Level Required |  |
| Brief summary of project (Max. 250 words) |  |
| Procedures to be carried out  (e.g. cell culture, centrifugation, disposal etc.) |  |

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| Part II – Chemicals/Dangerous Goods/Drugs/Compressed gas/ Nanoparticles  (If “Yes”, please answer the following questions. If “No”, please go to Part III) | Yes | No |
| Will you handle any hazardous chemicals/dangerous goods/drugs in clean zone? (If Yes, please provide a list of the hazardous chemicals/dangerous goods/drugs) |  |  |
| Is a dangerous goods licence required? (If Yes, please provide the license to F&OC) |  |  |
| Any special storage condition is needed for the chemicals in clean zone? |  |  |
| Will you use any compressed gas cylinders in clean zone? |  |  |
| Do you need to handle any nanomaterials in clean zone? |  |  |
| Will you generate chemical waste in clean zone?  (Definition of chemical waste: chemicals that have not been in touch with biological agents) |  |  |

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| Part III – Biological Agents | | |
| What is the biosafety level required?  Biosafety Level \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| What biological materials will be used in the project? | **Yes** | **No** | |
| Bacteria (e.g. E.Coli, HB101)  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| Viruses or viral vectors (e.g. Adenovirus, Adeno-associated virus, Lentivirus)  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| Fungi, parasites  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| Human cell lines  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| Animal cell lines  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| Clinical samples  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  If identifiable human material is used, please attach the supporting document as indicated in the HKSTP Ethics Guide for Human Research (point 7c) as applicable.  \*Materials = Biological materials including but not limited to tissues, organs, blood, plasma, skin, serum, DNA, RNA, proteins, cells, hair, nail clippings, urine, saliva, or other body fluids |  |  | |
| Others  If yes, please state all agents to be used:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | |
| Will you generate clinical waste? |  |  | |
| Are the prophylaxis measures performed? (e.g. vaccination if provided) |  |  | |
| Has the risk assessment for virus vector work carried out?  If yes, please attach the MSDS of the virus, protocol and the assessment record. |  |  | |

€ I declare that I have the related skill set and knowledge to conduct cell culture/ experiment as described in the Project Summary in the CRMH clean zone.

€ I adhere to the established clean room SOPs diligently, share the appointed laboratory duties, and consider the impact of every action taken in the laboratory.

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Signature of Applicant Date

**Section to be completed by Team manager**

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| Part IV – Safety Provisions | Yes | No |
| Is the biosafety level of the clean zone suitable to the user to conduct experiment described in the Project Summary in our clean zone? |  |  |
| Are the SOPs readily available for applicant? |  |  |
| Does the applicant pass the written test about the clean room SOPs? |  |  |
| Does the applicant pass the practical test (e.g., Gown/ De-Gowning) about the clean room SOPs? |  |  |
| Does the applicant understand the CRMH-SOP-008 and the risk in the association of adenovirus/ adeno-associated virus/ lentivirous if these virus will be used in the experiment? |  |  |
| Does the applicant understand the emergency procedures? |  |  |
| Should the application/ project be discussed further in the Meeting of CRMH Safety Committee? |  |  |

€ I have discussed this application with PI. We **approve** the applicant to conduct cell culture/ experiment described in the Project Summary in my team’s clean zone.

€ I have discussed this application with PI. We **disapprove** the applicant to conduct cell culture/ experiment described in the Project Summary in my team’s clean zone.

(Note:　Record of this application is not required to sent to F&OC)

€ I have discussed this application with PI. We have concern about the safety of the experiment to the Centre. **Further discussion** is needed during the **meeting of CRMH Safety Committee**.

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| Signature of Team Manager |  | Date |
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