

USER INFORMATION

User's details

CELL CULTURE RISK ASSESSMENT FORM

Prior to commencement of any experiments in the cell-culture laboratory in the Australian Centre for Microscopy & Microanalysis (ACMM), all experimenters are required to complete the following risk assessment form as part of their obligation under the University's OHSRM program and in accordance with the WorkCover Legislation promoting safe practices in the workplace.

Please be aware that by your acts and omissions you may be in breach of the law.

You will also be required to read and understand the PC2 laboratory safety manual, which will be provided at your first training session and sign a declaration stating that you have done so.

Name:
Department:
Phone:
Supervisor's details
Name:
Department:
Phone:
PROJECT INFORMATION
Name of project:
Project code:



Brief description of need to use cell culture laboratory:	
SAFETY INFORMATION	
Please provide a description of all biological material to be used in the laboratory, i.e. specify the type of cells and the specific cell line.	
Where did this call line originate from 2 Lee this call line hear my conferme tested 2 Places mayide details	
Where did this cell line originate from? Has this cell line been mycoplasma tested? Please provide details.	

Please provide a list of any chemicals you wish to bring to the laboratory. Does any of the above material pose a biological or chemical hazard? Yes / No
If yes, list the hazardous material and describe the hazards. You may need to attach further pages; also attach MSDS information for any hazardous materials you intend to use in the lab.
For any hazardous material, describe the way in which you intend to use the material to reduce the risks associated with its handling.

How will you dispose of this material? If you intend to dispose of the material in your own laboratory, please write a statement to this effect.
DECLARATION
Please date and sign this form to indicate that the information that you have provided is correct.
Signature of User/Staff/Student:
Date:
Signature of User's Supervisor:
Date:
Once you have completed this form, please submit it to the OHS Officer, Dr Minh Huynh, Room 142, or submit it at the ACMM General Office (Room 234) for consideration at least one week prior to your intended experimental start date.
You will be contacted by email to notify you of safety approval for your experiment and to be given a contact for assistance in the laboratory.