Organism Name:
Employee Name:
Department:
Supervisor:
Date (year-month- day):

RISK ASSESSMENT FORM FOR BIORISKS

August 2023

- Part A: Risk Assessment of a particular biorisk
  Part B: Risk Assessment of a procedure (you can repeat this portion as needed)
- This form must be submitted to the 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 and KTH.

SITE INFORMATION

Address and Lab Rooms to be used:

Current Registered Safety Level of the Lab Space:

A) 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 the 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

B) 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 do 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 an 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