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| **RECORD OF NECESSARY REVIEW, APPROVAL AND CONSENT**  **FOR UPDATES TO BIO1 FORMS PRE-DECEMBER 2019** | | | | | | | | |
| THE FOLLOWING TABLE ALLOWS IDENTIFICATION OF ALL THOSE PARTIES THAT MUST PROVIDE REVIEW, CONSENT, LICENCE OR APPROVAL PRIOR TO A PROJECT BEING GIVEN FINAL CONSENT TO BEGIN. | | | | | | | | |
| Section 1: Please complete for all projects | | | | | | | | |
| A. Departmental review:  *All the information included in this form has been reviewed and it is an accurate reflection of the project.* | | | | | | | | |
| Name and position | | | | Tick box to confirm | Date | | Notes | |
|  | | | |  |  | |  | |
| The space below is for any additional review: subject to local rules (add as many as necessary) | | | | | | | | |
| Name and position | | | | Tick box to confirm | Date | | Notes | |
|  | | | |  |  | |  | |
| B. FSA/FSM review:  *This form has been reviewed and the control measures given in the risk assessment and SOPs are suitable and sufficient for the project described and the risk category correctly identified.* | | | | | | | | |
| Name | | | | Tick box to confirm | Date | | Notes | |
|  | | | |  |  | |  | |
| Risk category | Provided by (tick box to confirm) | | | | Date | | Notes | |
| High  Low |  | | |  |  | |  | |
| C. PI Declaration:  *The PI confirms that this risk assessment accurately reflects the work to be conducted, all identified control measures are in place, the appropriate occupational health advice has been completed and/or sought and all necessary licences have been obtained.* | | | | | | | | |
| Name | | | | Tick box to confirm | Date | | Notes | |
|  | | | |  |  | |  | |
| **Section 2: Required for projects which are defined as high risk in section 1B above.**  ***(To be completed by the Safety Department and other relevant departments, as applicable).*** | | | | | | | | |
| **Action** | | **Required?** | **Provided by**  **(tick box to confirm)** | | | **Date** | | **Notes** |
| GM Committee consent:  *Committee:* GM | | Yes  No |  | |  |  | |  |
| CBS consent: | | Yes  No |  | |  |  | |  |
| HSE consent:  *Details:* | | Yes  No |  | |  |  | |  |
| CTSA/HO notification:  *Details:* | | Yes  No |  | |  |  | |  |
| Other licensing:  *Details:* | | Yes  No |  | |  |  | |  |
| APHA (plant health) notification:  *Details:* | | Yes  No |  | |  |  | |  |
| Inspection carried out by the Bioteam for all new high risk projects: | | Yes  No |  | |  |  | |  |
| Safety Department approval:  *Safety departmental approval signifies this is a High Risk project. All internal and external consents have been received.* | | | | | | | | |
| Name | | | | Tick box to confirm | Date | | Notes | |
|  | | | |  |  | |  | |