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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 |
|       | [ ]  |       |       |