Risk Assessment for use of Ultra Violet Radiation (UVR) Sources

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| Faculty/Department |  |
| Location & Room No. of Laboratory |  |
| Name of Assessor |  |
| Name of Laboratory Manager |  |
| Make and Model of Equipment |  |
| Serial Number of Equipment |  |

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| **Identify the UVR Hazard(s)**  *(delete as applicable)* | Skin and eye injury possible all wavelengths |
| *UVA (315-400nm)* | A picture containing device  Description automatically generated |
| UVB (280-315nm) |
| UVC (100-280nm) |

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| **What is the nature and magnitude of the risk?** | | Short term (S)  /Long term (L)? | Mild (M)  /Severe (S)? |
| Eye | Photo-keratitis / Photo-conjunctivitis | S | S |
|  | Photochemical cataract | L | S |
|  | Other – e.g. possible photochemical retinal damage | L | M |
| Skin | Erythema | S | S |
|  | Ageing | L | M |
|  | Photochemical skin reactions | L | M |
|  | Cancer | L | S |

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| **Describe the process or work procedure** |
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| **Who might be affected by this work?** |
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| **Control measures to minimise the UV risk** | In Use? (Y/N) | Details |
| Engineered safeguards (e.g. enclosures, Interlocking doors / shields): | Y/N |  |
| **Warning Signs and Labels:** | Y/N |  |
| **Shielding and PPE** | Y/N |  |
| **Training and recording** | Y/N |  |
| Access Control | Y/N |  |
| Local Rules (incl. Contingency Plan): | Y/N |  |

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| **Non**–**Radiological Hazards** | **Comments** | **Control Measures** | **Actions Required** |
| **Chemical** |  |  |  |
| **Electrical** |  |  |  |
| **Biological** |  |  |  |
| **Fire** |  |  |  |
| **Other** |  |  |  |

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| **Assessor's Additional Comments:**  This should include an assessment of exposure against the relevant ELV   |  |  |  | | --- | --- | --- | | UVA (315-400nm) | UVB (280-315nm) | UVC (100-280nm) | | Heff = 30 J/m2 | | | | HUVA = 104 J/m2 |  |  | |
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| **Assessor's Signature** | **Printed Name** | **Date** |
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| **Reviewer's Signature** | **Printed Name** | **Date** |
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| Further Notes: To be reviewed within 24 months or earlier in the event of a significant accident or incident. |