|  |
| --- |
| **Lab Modification Risk Assessment** |
| 1. **Description of Modification.** Please describe in .detail what modification you are making. For example: moving equipment from bench to bench, or to fume hood etc; connecting a longer gas line; repurposing a gas line; modifying a rig or other piece of equipment etc.
 |
|  |
| 1. **Justification for modification**. Please give as many details as you can as to why this modification needs to take place.
 |
|  |
| 1. **Modification procedure.** Please explain how you will carry out the modification. In particular, **make sure to list all possible dangers (including ergonomic dangers such as back-strain, slippage etc.) and how you plan to counteract them.**

  |
|  |
| 1. **Effect of modifications** Please detail the risks of our your modification (for example, a longer gas line has a larger leak risk) and how you plan to counter them.
 |

|  |
| --- |
| **It is agreed that application of the control measures specified will provide adequate management of the identified risks.** |
| **Name of assessor:****Signature:** | **Date:**  |
| **Name of co-signatory: (** Laboratory Manager)**Signature:** | **Date:**  |
| **Name of co-signatory:** (Local Supervisor)**Signature:** | **Date:**  |
| **Name of co-signatory:** (Program Director)**Signature:** | **Date:**  |