





COSHH FORM

Always follow good laboratory practice, full guidance at http://www.docs.csg.ed.ac.uk/Safety/policy/p5cl/p5cl2.pdf

Each section has corresponding in depth guidance (section 2) for completion – please ensure you follow this guidance when completing this assessment http://www.docs.csg.ed.ac.uk/Safety/ra/COSHH notes.pdf

This form can be used to evaluate the hazards of a single substance, group of related substances or a process/procedure as well as any proprietary purchased materials.

School/Management Unit	Clinical Centre Health	for	Sciences/MRC Reproductive	Assess. No.	SuRF-COSHH- IMM-007.01
Title of Activity	Antigen retrieval using Digital Decloaking Chamber				
Location(s) of Work	Laboratories E1.25 / E1.28 of the Shared University Research Facilities (SuRF) within The Queens Medical Research Institute (QMRI), 47 Little France Crescent, Edinburgh, EH16 4TJ				

Outline of task/method: The Decloaking Chamber is a programmable bench top pressure cooker intended for laboratory use. It is programmed to allow the precise pressurized heating necessary for antigen retrieval and also has the capability to perform at a variety of temperatures ranging from 37°C to 125°C. The Decloaking Chamber is an excellent tool for heat-induced epitope-retrieval (HIER) methods. The proper use of heat and pressure in conjunction with the appropriate buffer solutions is of the utmost importance for consistent immunodetection staining. Most formalin-fixed tissue requires an antigen retrieval step before immunodetection staining can proceed. This is due to the formation of methylene bridges during fixation, which cross-link proteins and therefore mask antigenic sites. The Decloaking Chamber is designed to optimize and standardize antibody staining procedures and has been engineered to pass strict laboratory safety requirements. Temperature, pressure and pH can be monitored and recorded with the Decloaking Chamber to produce consistent staining, which will reduce repeat testing and false negatives. Refer to Standard Operating Procedure: SuRF-IMM-007

Assessment History:		
Number:	Date:	Reason for Change:
01	01/03/2016	Original







1.0 Hazards, including any substances produced during the procedure

Hazard(s) – state name of substance(s) and classify hazard (see guidance notes)	Present Risk Evaluation Low/Med/High	Control Measures (i.e., alternative work methods / mechanical aids / engineering controls, etc.)	Risk Evaluation after control Low/Med/High
Epitope Retrieval Solution pH6 Irritant R-PHRASES: 36/37/38/41	Low	1. Use of appropriate laboratory Personal Protective Equipment (PPE). 2. Training and supervision 3. Refer to Material Safety Data Sheet	Low
Epitope Retrieval Solution pH8 Non-hazardous	Low	1. Use of appropriate laboratory PPE. 2. Training and supervision 3. Refer to Material Safety Data Sheet	Low
Epitope Retrieval Solution pH9 Irritant R-PHRASES: 36/37/38	Low	Use of appropriate laboratory PPE. Training and supervision Refer to Material Safety Data Sheet	Low

Risk evaluation should be based on hazard classification and hazard statements – if control methods stated above reduce the risk to low at this point, the risk assessment is complete. If any medium to high hazards remain, please continue to complete the rest of the form.

2.0 Exposure route(s) by which harm may occur

Skin Contact	Skin Absorption	Eye Contact	Inhalation	Ingestion	Injection via sharps		

3.0 Engineering Control Measures (Fume cupboards/LEV etc.)

State any engineering controls required for this task/method;	

4.0 Personal Protective Equipment (PPE)

State any PPE required for this task/method. Include which type and when they are to







be worn;					
Eye protection:					
Hand protection:					
Special clothing:					
Face protection:					
Respiratory protection:					
5.0 Health Monitoring					
Is biological monitoring required to ensure that the control of exposure to the hazardous substance(s) is adequate?	Yes	No			
Is health surveillance required for the protection of the health of employees?					
If yes for health monitoring, contact the Occupational Health Unit for an (occupational.health@ed.ac.uk, 50 8190)	appoii	ntment			
6.0 Training					
State any health and safety training required for this task/method;					
7.0 Supervision					
State what supervision (if any) is required for persons undertaking this task/method:					
8.0 Implications for persons not involved in the work activity					
Persons identified may require to be informed, in part or in full, of the information contained in the Safe System of Work.					
9.0 Emergency procedures					
State all emergency procedures including contact names and numbers;					
First Aid:					



Date:





Fire fighting:					
Spill Manage	ment:				
Any others:					
10.0 Waste	disposal				
State waste	disposal routes for all hazardo	ous substances	in this task/meth	od;	
If in doubt c	ontact the University Waste	and Environ	mental Manager	Ext. 5	14287.
Are you satisfied that the control measures outlined above are adequate					No
to control the risks to health from the hazardous substances used in the work activity described to the lowest level reasonably practicable?				Yes	NO
If no, work o	an not continue until safe to	o do so			
11.0 Accred	litation and verification of C	OSHH risk as	sessment		
When this assessment is complete it should be signed and dated by the assessor and					
then checked and signed by the person responsible for operations in that section of the School/Unit where the work is being carried out. You must ensure that the person					
undertaking the task is competent to do so and has received sufficient information, instruction and training and has seen and signed the Safe System of Work.					
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Assessed by:	Lyndsey Boswell	Checked by:	Robin Sellar		
Signature:		Signature:			
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Date:







12.0 Review of assessment:

A suitably trained person should review this assessment at regular intervals and immediately if there is reason to suspect that it is no longer valid (for example after any accidents or incidents) or if there is a significant change in the work to which it relates. If so, a new assessment form must be completed and any original signatories covered by the modified assessment should sign again.

Signature (authorised):	Date: