Health and Safety checklist for project initiation/approval forms:

Does the proposed project involve the following or their products (please tick):

 **Yes No**

**Microorganisms**

 **Bacteria ☐ ☐**

 **Viruses ☐ ☐**

 **Fungi ☐ ☐**

**Protozoa ☐ ☐**

**If yes please indicate class of organism: Class 1 Class 2 Class 3\***

If yes contact Dr John Butcher (bacterial organisms (john.butcher@gcu.ac.uk) or Dr Claire Crossan ( viral organisms (claire.crossan@gcu.ac.uk) for advice PRIOR to submitting your project application. Approved list of Biological Agents can be found at <http://www.hse.gov.uk/pubns/misc208.pdf>

\*N.B. Class 3 organisms should be queried with Dr Butcher/Dr Crossan in advance; we do not have the facilities for class 4 so no such organisms or their products should be introduced to GCU.

**Genetically modified Organisms ☐ ☐**

**If yes please indicate category: Level 1 Level 2 Level 3\***

Categories can be found at: <http://www.hse.gov.uk/biosafety/gmo/>

If yes contact Prof Linda Scobie Linda.Scobie@gcu.ac.uk PRIOR to submitting your project application. Please note that level 2 requires submission to HSE for approval; please discuss your risk assessment in advance. <https://www.gcu.ac.uk/healthandsafety/proceduresandarrangements/hazardoussubstancesandbiologicalagents/geneticmodification/>

**Radioactive sources ☐ ☐**

If yes contact Dr Steven Patterson Steven.Patterson@gcu.ac.uk (Life Sciences) or Janice Mitchell Janice.Mitchell@gcu.ac.uk (NCH/PSWAH) PRIOR to submitting your project application.

**Human Patients /Tissue ☐ ☐**

If yes contact Dr Catherine Wright Catherine.Wright@gcu.ac.uk PRIOR to submitting your project application. Ethical approval should be sought where needed through Dr Les Wood L.Wood2@gcu.ac.uk

**Animals ☐ ☐**

If yes contact Fiona Biggerstaff (Fiona.Biggerstaff@gcu.ac.uk ) PRIOR to submitting your project application.

If you have ticked any of the above boxes have you cleared the work with the appropriate person named above?

**If No please give a reason why this is not required**

Signed……………..........................................................................

Date………………………………………………………………………………………

\*delete as appropriate