Review of GM/Biological Project Risk Assessment – No revisions required

*Complete this form if, following the annual****\**** *or other review of the project risk assessment, no revisions are required. If revisions to the risk assessment are required, a new Project risk assessment form must be completed by the Project Leader for comment by the Biological & Genetic Modification Safety Committee.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Project Title: | |  | | | |
| Project Reference No: | | |  | | |
| Start Date: |  | | | Anticipated Duration: |  |

\*There is a five year cap on risk assessment reviews, therefore all projects will require a complete new proposal to the BGMS Committee if this is exceeded.

# STATEMENT BY PROJECT LEADER

The research stated in this notification /risk assessment will be carried out in accordance with local rules and safety policies. This risk assessment will be kept under review and the Biological and Genetic Modification Safety Committee will be informed if there are any significant changes the work, procedure(s), location, equipment or materials, personnel or legislation that might affect risk of harm to humans or the environment.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Name (block capitals):** | |  | **Date:** |  |
| **Signature:** |  | | | |

Return the completed form to the BGMS Secretary.

**Note:** Please update your original assessment form with the review date.