

EQUIPMENT OR DEVICE SAFETY RISK ASSESSMENT REVIEW FORM

Purpose: The purpose of this risk assessment form is to ensure that a risk assessment has been conducted when a device or piece of equipment which will be used on or tested with humans **(a)** has not been commercially obtained by the University **(b)** has been modified prior to being used.

Process: whenever the activity is occurring [under the auspices of UWaterloo](#) and will be tested or used on humans, and where the device or piece of equipment has been manufactured or modified, the equipment or device must first be assessed to ensure it is safe to be used on humans. In cases where this is [research requiring REC review](#), the risk assessment must be provided with the [ethics application](#). The risk assessment process will be proportionate, i.e. devices or equipment which present low risks should receive less scrutiny than those presenting high risks.

This form should be completed and submitted to the Safety Office (safety@uwaterloo.ca). The Safety Office will review the information contained on the form and assess the degree of risk involved with the device or equipment and recommend additional scrutiny or expertise if required. If the device or equipment presents above minimal risks, the Safety Office may request that the Laboratory Safety Committee (LSC) or external expert review and approve the device or equipment before it can be tested or used on humans.

DIRECTIONS:

- 1) Complete this form ensuring that all required supplementary information is provided as outlined in 5) below.
- 2) Approval **and** inspection may be required before testing or use may occur. Allow 3-5 days after submission for contact from the Safety Office regarding questions and scheduling of the inspection if one is required.
- 3) In the case of students, the faculty advisor **must** submit this completed Equipment or Device Safety Review Form along with any additional supporting materials to the Safety Office.
- 4) The "Submitter" , i.e. the student, should be cc'd if the form is submitted by a faculty supervisor;
- 5) The following applicable attachments accompany this form:
 - a. Project Definition Document (for undergraduate and graduate students)
 - b. Detailed device information including photographs or drawings
 - c. Manufacturer's device electrical/mechanical safety documentation (for devices being modified)
 - d. Electrical Safety Testing documentation
 - e. Standard Operating Procedure which will be used with the device or piece of equipment
 - f. Any other documentation that would assist the committee in determining the level of risk posed by the device
- 6) Subject line **must** read "Equipment or Device Safety Review Form for [submitter's name]".

I. GENERAL INFORMATION	
Project Title: (Max: 142 Characters)	
Submitter/ Lead Contact:	Submitter Phone:
Submitter E-mail:	Faculty Advisor:
	Department:
Students involved with project:	

II. DESCRIPTION

A.	This project is: <input type="checkbox"/> Student thesis/dissertation <input type="checkbox"/> Student class project <input type="checkbox"/> Faculty or staff research proposal <input type="checkbox"/> Product development <input type="checkbox"/> OTHER (specify):
B.	This project is: <input type="checkbox"/> Not funded or self-funded <input type="checkbox"/> Funded Name of sponsor: _____ <input type="checkbox"/> Non-federally funded <input type="checkbox"/> OTHER (specify):
C.	Check all that apply: <input type="checkbox"/> Testing or use will occur with uWaterloo employees or students involving: a) a new device that was manufactured by the submitter; or b) a commercially bought device that was modified in some way. <input type="checkbox"/> Testing or use will occur with persons who are external to the University Involving: a) a new device that was manufactured by the submitter; or b) a commercially bought device that was modified in some way. <input type="checkbox"/> I intend to commercially market the device <input type="checkbox"/> NONE OF THE ABOVE
D.	Date you plan to test or use the device:
E.	Date and location of where the device or equipment will be available for inspection. Approval/inspection must occur prior to any testing or use on humans:
F.	Provide a brief description of (a) the device, (b) its intended purpose, and (c) why it is needed: (Note: If more space is required, please provide an attachment to this form)

G.	Provide a description of the demographics of who the device is being tested on or those who will use it. Include information such as age, mental or physical status, and any other relevant physical or social factors (e.g., specific medical conditions, prisoners, pregnant women, homeless, family or other factors which may create risks).
H.	Describe the setting in which the device will be used. For instance, possible locations, and any special considerations related to the environmental setting (flat surface, large room, another person to assist, quiet area, etc.):
I.	Describe any (a) mechanical safety, (b) electric safety, and (c) other risks associated with the device. Include how these risks will be minimized. (Note: If more space is required, please provide an attachment to this form)

--	--

II. DETERMINATION (For office use only)

A.	Reviewed by: _____ Signed: _____ Date: _____	
	<input type="checkbox"/> Testing or use may proceed within proposed use, standard operating procedures and conditions.	<input type="checkbox"/> Other conditions:
B.	<input type="checkbox"/> Testing or use may NOT proceed	<input type="checkbox"/> External review required. Resubmit upon completion. <input type="checkbox"/> Insufficient information. Resubmit as per comments below. <input type="checkbox"/> Risk is not acceptable.
C.	Comments/Recommendations:	