|  |  |
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| **(1) In case of Emergency:** | **(2) Fire Fighting medium** |
| The following services are being used:  | Electricity[ ]  | Water[ ]  | Gases: (specify) | Other:  | Other: |
| Action in case of Fire:  |
| First aid requirements: |
| Spillage or release measures: |
| **This is a chemical risk assessment only and other assessments may be required. All** **associated assessment forms must be displayed close to the procedure.** |
| **(3) Risk Assessment Number/Code:**  |
| **(4)** **Assessor’s name and status: *e.g PhD*** | **(5)** **Assessment Date:** | **(6)** **Building and office Number:** | **(7) Lab Number:** |
| **(8) People Affected:** | **(9)** **Review/Expiry Date:** | **(10)** **Emergency contact details:** |
| **(11)Title of procedure:** |
| **(12) Details of procedure and where applicable reaction scheme** (Including starting materials, products/by-products; temp range and pressure):**(13)** **Duration and Frequency:** | **(14) Associated Assessments and Ref** |
|  | General risk assessment for experiment |[ ]
|  | Equip/exp overnight running |[ ]
|  | General lab activities |[ ]
|  | Ionizing radiation |[ ]
|  | Non-Ionizing radiation |[ ]
|  | Laser Safety |[ ]
|  | Biological/Bio-COSHH |[ ]
|  | Radiological |[ ]
|  | RA/P&M Sheets/SOP/Other (include ref): |

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| (15)Substances used and producedInclude:Name:State: solid, liquid or gas.CAS Number:  | (16) Quantities used and handledConcentration/Strength. | **(17)****Duration of potential exposure** e.g. approx. mins or hrs  | **(18)**  **Hazard Symbols**(check all that apply) | (19) Physical and health hazard statementse.g. H272 May intensify fire; oxidiser. Oxidizing liquids (Category 3)H314 Causes severe skin burns and eye damage. Skin corrosion (Category 1A)Highlight primary hazard  | (20) Workplace Exposure Limits(ppm or mg/m3)8hrs TWA and 15 mins STEL  | (21) Other HazardsFlammability rangeFlash pointExplosionAuto-ignition | (22) Control Measurese.g. engineering controls, fume cupboard use, training, storage type and/or location to avoid incompatibilities or inappropriate conditions, Personal Protective Equipment (specify type e.g. Fluorinated rubber gloves 0.7mm, chemical resistant lab coat etc.). | (23) Disposal Route*e.g. halogenated waste containers, sharps bin, dry solid waste etc. please indicate mixture/s disposal.* |
|  |  |  |  | Choose a GHS Symbol. |  |  |  |  |  |
|  |  |  | Choose a GHS Symbol  | Choose a GHS Symbol. |  |  |  |  |  |
|  |  |  | Choose a GHS Symbol  | Choose a GHS Symbol. |  |  |  |  |  |

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| **(24) Operation is (mark as appropriate): open** [ ]  **closed** [ ]  **pressurised** [ ]  **pressure relief system** [ ]  **other** [ ]  |
| **(25) Are you carrying out an activity/chemical reaction that is at risk of a thermal runaway or explosion? Yes/No (select)** **If yes, what additional controls are required?**  |
| **(26) Will the activity involve handling or storage of pyrophoric or unstable substances such as peroxide? Yes/No (select)** **If yes, what additional controls are required?**  |
| **(27) Will flammable vapours, solid particles, fibrous particles etc. capable of forming an explosive atmosphere be present? Yes/No (select)** **If yes, what additional controls are required?**  |
| **(28) Can less hazardous substances be used?** Yes/No (select)  |
| **(29) Procedure for checking effectiveness of control measures.** |
| **(30) If Carcinogens, mutagens or reproductive toxins (CMR), skin sensitisers, respiratory sensitisers, occupational asthmagens or nanoparticles are listed, is the fitness to work certificate for each individual still valid?** Yes / No / N/A (select)  |
| **(31) Is lone working permitted for this procedure?** Yes/No (select) **If yes, what additional controls for lone working are required? Please give details** | **(32) Is out of hours working permitted for this procedure?** Yes/No (select) **If yes, what additional controls for out of hours working are required? Please give details** |
| **(33) Additional control measures or relevant information.** |

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| **Signatories**We have discussed this chemical risk assessment and understand the hazards and the associated control measures required. A copy of this form must be displayed close to the reaction. |

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| **(34)** **Signature of Student:**  **(35)** **Signature of Staff Member:** **(36) Signature of Verifier: (only necessary if “Yes” is selected in ANY of sections 25, 26, 27 or 30)** | **Print Name (Assessor):** **Print Name (Approver):** **Print Name (Verifier):**  | **Date:** **Date:** **Date:** |