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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 produced  Include:  Name:  State: solid, liquid or gas.  CAS Number: | (16)  Quantities used and handled  Concentration  /Strength. | **(17)**  **Duration of potential exposure**  e.g. approx. mins or hrs | **(18)**  **Hazard Symbols**  (check all that apply) | | (19)  Physical and health hazard statements  e.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 Hazards  Flammability range Flash point  Explosion  Auto-ignition | (22)  Control Measures  e.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:** |