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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) In case of Emergency:** | | | | | | | | | | | | | | | **(2) Fire Fighting medium** | | | | | Choose an item. | | | | | | |
| **The following services are being used:** | | | | | | **Electricity** | | **Water** | | | **Gases: (specify)** | | | | **Other:** | | | | | | | | | | | |
|  | |  | | | Click here to enter text. | | | | Click here to enter text. | | | | | | | | | | | |
| **Action in case of Fire:** | | | | Click here to enter text. | | | | | | | | | | | **Spillage or release measures:** | | | | Click here to enter text. | | | | | | | |
| **First aid requirements**: | | | | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | |
| **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:** | | | Click here to enter text. | | | | | | | | | **(4) Name and status of researcher e.g. Phd.**. | | | | Click here to enter text. | | | | | | **(5) Emergency contact details:** | | | Click here to enter text. | |
| **(6) Assessment Date:** | Click here to enter a date. | | | | | **(7) Review/Expiry Date:** | | | Click here to enter a date. | | | **(8) Building and office Number:** | | Click here to enter text. | | **(9) Lab Number:** | | Click here to enter text. | | | | **(10) People Affected:** | | | Click here to enter text. | |
| **(11) Title of procedure:** | Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(12) Details of procedure and where applicable reaction scheme** (Including starting materials, products/by-products and pressure): | | | | | | | | | | | | | | | | | | | | | **(14) Associated Assessments and Ref** | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | General risk assessment for experiment | | |  | | |
| Equip/Exp overnight running | | |  | | |
| General lab activities | | |  | | |
| Ionizing radiation | | |  | | |
| Non-Ionizing radiation | | |  | | |
| Laser Safety | | |  | | |
| Biological/Bio-COSHH | | |  | | |
| Radiological | | |  | | |
| **(13) Duration, Frequency and Temperature Range:** | | | | | | | | | | | | | | | | | | | | | RA/P&M Sheets/SOP/Other (include ref): | | | | | |
| Click here to enter text. | | | | | | | | | | | | | | | | | | | | | Click here to enter text. | | | | | |
| **(15) Substances used and produced** | | **(16) Quantity used and handled** | | | **(17) Duration of potential exposure** | | **(18) Hazard Symbols** | | | **(19) Physical and health hazard statements Highlight primary hazard** | | | | | **(20) Workplace Exposure Limits** | | **(21) Control Measures** | | | | | | **(22) Disposal Route** | | | **(23) Extremely or Highly Flammable?** |
| 1. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 2. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 3. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 4. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 5. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 6.Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 7. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click HereClick Here  Click HereClick Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| 8. Click here to enter text. | | Click here to enter text. | | | Click here to enter text. | | Click Here  Click Here  Click Here  Click Here | | | Click here to enter text. | | | | | Click here to enter text. | | Click here to enter text. | | | | | | Click here to enter text. | | |  |
| **(24) Operation is (mark as appropriate): Open**  **Closed**  **Pressurised**  **Pressure relief system**  **other**  Please specify here. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(25) Are you carrying out an activity/chemical reaction that is at risk of a thermal runaway or explosion?** Choose an item.  **If yes, what additional controls are required?** Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(26) Will the activity involve handling or storage of pyrophoric or unstable substances such as peroxide?** Choose an item.  **If yes, what additional controls are required?** Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(27) Will flammable vapours, solid particles, fibrous particles etc. capable of forming an explosive atmosphere be present?**  Choose an item.  **If yes, what additional controls are required?** Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(28) Can less hazardous substances be used?** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(29) Procedure for checking effectiveness of control measures**  Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(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?** Choose an item. | | | | | | | | | | | | | **(31) If any of the Substances above are highly flammable and extremely flammable, What control measures are in place?** Click here to enter text. | | | | | | | | | | | | | |
| **(32) Is lone working permitted for this procedure?** Choose an item.  **If yes, what additional controls for lone working are required?**  Click here to enter text. | | | | | | | | | | | | | **(33) Is out of hours working permitted for this procedure?** Choose an item.  **If yes, what additional controls for out of hours working are required?**  Click here to enter text. | | | | | | | | | | | | | |
| **(34) Additional control measures or relevant information.** Click here to enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(35) Risk rating of the experiment:** Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **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. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **(36)** **Signature of Assessor:**  ………………………………………………………………………  **(37) Signature of Approver:**  ………………………………………………………………………  **(38) Signature of Verifier:**  ………………………………………………………………………  **(where necessary)** | | | | | | | | | | | | **Print Name:**  …………………………………………………………………………………  **Print Name:**  …………………………………………………………………………………  **Print Name:**  ………………………………………………………………………………… | | | | | | | | **Date:**  ……………………………………………………………  **Date:**  ……………………………………………………………  **Date:**  …………………………………………………………… | | | | | | |

