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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(1) Emergency contact details:** Click or tap here to enter text. | | | | | | | | | | **Firefighting medium:** Choose an item. | | | |
| **The following services are being used:** **ELECTRICITY**  **WATER**  **GASES**  **OTHER** Click or tap here to enter text. | | | | | | | | | | | | | |
| **Action in case of fire:** Secure experiment if safe to do so: Turn power off, bring equipment to a safe position, close lab doors.  **If needed:** sound the alarm and evacuate. Call Campus Security on 0161 306 9966 immediately. Report to supervisor/manager and a Safety Advisor.  **Additional information specific to this task, not covered by the above:** Click or tap here to enter text. | | | | | **Spillage or release measures:** Remove all sources of ignition.  **Small spills:** Stop leak if without risk and move adjacent containers from spill area. Dilute with water and mop if water-soluble. Clean fluids using gloves and robust lab tissue (inert, clean, dry) and dispose to chemicals waste container. Decontaminate area.  **Large spills:** Stop leak if without risk and move adjacent containers from spill area. Use hazardous spill kit in the lab to absorb liquid. Use appropriate tools to put the spilled content in a convenient container for disposal. Decontaminate area.  **For significantly large spills:** cordon off affected area. Notify colleagues and Supervisor. Evacuate if necessary.  **Incident Reporting:** All incidents must be reported to a Safety Advisor and supervisor/manager.  **Additional information specific to this task, not covered by the above:** Click or tap here to enter text. | | | | | | | | |
| **First aid requirements:** Call a First Aider and take provisions from the 1st aid station in the lab. If needed call medical help and show safety data sheet.  **Protection of First Aider:** No action shall be taken involving any personal risk or without suitable training. In cases where it may be dangerous to give mouth-to-mouth resuscitation, carry out chest compressions only. Wash contaminated clothing thoroughly with water before removing it, or wear appropriate gloves.  **Accident Reporting:** Accidents or near misses should be reported to Safety Advisor and Supervisor.  **Inhalation:** Move exposed person to fresh air. Keep person warm and at rest. If unconscious, place in recovery position and seek medical attention immediately. Loosen tight clothing such as collar, tie, belt, or waistband. Get medical help if the person’s condition worsens.  **Ingestion:** Wash out mouth with water. Move the exposed person to fresh air. Keep person warm and at rest. If vomiting occurs, the head should be kept low so that the vomit does not enter the lungs. Never give anything by mouth to an unconscious person. If unconscious, place in recovery position and obtain medical attention immediately. Maintain an open airway. Loosen any clothing such as collar, tie, belt or waistband. Seek medical help.  **Skin contact:** Flush with running water for at least 20mins. For corrosives substances have to hand and apply Diphoterine spray to neutralise the chemical burn, do not rinse Diphoterine off. Wear gloves to remove contaminated clothing and shoes. Use emergency shower if there is one nearby and the burn is significant. Seek medical help if symptoms persist.  **Eye contact:** Flush eyes with sterile eyewash for at least 20mins, lifting upper and lower eyelids. Remove contact lenses if present and easy to do so. For corrosives substances apply Diphoterine eyewash to neutralise the chemical burn. Keep rinsing. Seek medical help if symptoms persist.  **Additional information specific to this task, not covered by the above:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **(2) Assessment reference number:** Click or tap here to enter text. | | | **(3) Name and status of assessor e.g. UG, PGR, Staff:** Click or tap here to enter text. | | | | | | | | **(4) Building and laboratory number:** Click or tap here to enter text. | | |
| **(5) Assessment date:** Click or tap to enter a date. | | | **(6) Review/expiry date:** Click or tap to enter a date. | | | | | | | | **(7) People affected:** Click or tap here to enter text. | | |
| **(8) Title of procedure:** Click or tap here to enter text. | | | | | | | | | | | **(11) Associated assessments and reference numbers e.g. general, activity, laser, BioCOSHH, radiological:**Click here to enter text. | | |
| **(9) Details of procedure and any reaction scheme (Including starting materials, products/by-products and pressure):**  Click here to enter text. | | | | | | | | | | |
| **(10) Duration, frequency, and temperature Range:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **(12) Name of substances used and produced** | **(13) Quantity used and handled** | **(14) Hazard symbols** | | **(15) Physical and health hazard statements** | | **(16) Workplace exposure limits** | | | **(17) Control Measures** | | | **(18) Disposal Route** | **(19) Extremely or Highly Flammable** |
| *Include CAS number* | *Include stock volume* | *Section 2 of the SDS* Icon  Description automatically generated with low confidenceIcon  Description automatically generatedA picture containing text, clock  Description automatically generatedA picture containing text, clipart  Description automatically generatedIcon  Description automatically generatedA picture containing text, clipart  Description automatically generatedIcon  Description automatically generatedA picture containing text, clipart  Description automatically generatedA picture containing text, clipart  Description automatically generated | | *Section 2 of the SDS, include full code and statement* | | *Section 8 of the SDS, include both TWA and STEL from UK EH40* | | | ***Engineering controls*** *- e.g. LEV, fume cupboard*  ***Storage*** *– e.g. flammables cabinet*  ***PPE*** *– Section 2 of the SDS*  **Conditions to avoid** – S*ection 10 of the SDS*  **Incompatibilities** – S*ection 10 of the SDS* | | | *e.g. collect hazardous liquid waste in 10L bottle until ¾ full, then dispose of through stores* |  |
| 1. |  |  | |  | |  | | |  | | |  |  |
| 2. |  |  | |  | |  | | |  | | |  |  |
| 3. |  |  | |  | |  | | |  | | |  |  |
| 4. |  |  | |  | |  | | |  | | |  |  |
| **(20) Operation type (mark as appropriate): Open  Closed  Pressurised  Pressure relief system  Other** | | | | | | | | | | | | | |
| **(21) 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 or tap here to enter text. | | | | | | | | | | | | | |
| **(22) 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 or tap here to enter text. | | | | | | | | | | | | | |
| **(23) 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 or tap here to enter text. | | | | | | | | | | | | | |
| **(24) Can less hazardous substances be used?** Choose an item. | | | | | | | | | | | | | |
| **(25) Procedure for checking effectiveness of control measures:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **(26) If Carcinogens, mutagens or reproductive toxins (CMR), skin sensitisers, respiratory sensitisers, occupational asthmagens or nanoparticles are listed, is the fitness to work certificate for everyone still valid?** Choose an item. | | | | | | | **(27) If any of the Substances above are highly flammable and extremely flammable, what control measures are in place?** Choose an item. | | | | | | |
| **(28) Is lone working permitted?** Choose an item.  **If yes, what additional controls are required?** Click or tap here to enter text. | | | | | | | **(29) Is out of hours working permitted?** Choose an item.  **If yes, what additional controls are required?** Click or tap here to enter text. | | | | | | |
| **(30) Additional control measures or relevant information** Choose an item. | | | | | | | | | | | | | |
| **(31) Risk rating of the experiment:** Choose an item. | | | | | | | | | | | | | |
| **(32) Result:** Click or tap here to enter text. | | | | | | | | | | | | | |
| **(33) Assessor:** Click or tap here to enter text. | | | | | | | | **(34) Approver:** Click or tap here to enter text. | | | | | |
| ***If using any chemicals classed as a Poison, Drug Precursor, Explosive or Chemical Weapon, prior notification must be given to the School Safety Advisor as compliance procedures apply, please see*** [***here***](https://www.staffnet.manchester.ac.uk/compliance-and-risk/compliance/) ***for more details.*** | | | | | | | | | | | | | |