|  |  |  |
| --- | --- | --- |
| **(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 HereClick 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 HereClick 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 HereClick 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 HereClick 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 HereClick 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 HereClick 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 HereClick 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 HereClick HereClick HereClick 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:** …………………………………………………………… |

