

APPENDIX G CHEMICAL HAZARD RISK ASSESSMENT FORM

Completing this document will help you to identify the risks associated with your research

Title of Experiment or Procedure:

Initial & Additional Review Date(s):

Brief Description of Experiment or Procedure (include reaction conditions (i.e. temperature, pressure) if applicable):

Known risks associated with the procedure (briefly describe hazard, probability (high medium low), consequence of occurrence)

Substances to be used (List ALL substances, including solvents, expected products and by-products):

Substances Used	Approx. quantity	Physical form i.e. powder, vapour, volatile liquid, gas, etc	Hazards i.e. flammable, corrosive, irritant, readily absorbed through skin, etc.	Exposure route(s) e.g. skin, eyes

Risk implications:

Is there any substance used or formed that might give rise to a fire or explosion (e.g. flammable gases/liquids)? If yes , how can you ensure that no explosion occurs?	Y/N
Is it reasonably foreseeable that the lower explosive limit will be reached in the event of a leak or spillage? If yes , a more detailed risk assessment is required – contact ehs.	Y/N
Is there likelihood of copious amounts of gas being released or thermal runaway? If experiment will be run continuously unattended, describe fail safe mechanisms/redundant systems used.	Y/N
Are any carcinogens, acutely toxic substances or chemicals requiring prior approval by EHS used?	Y/N
Can any of the substances be substituted by a less hazardous substance?	Y/N
What could happen if there was a catastrophic failure of the apparatus?	
In the event of an accident, who might be exposed?	

Control measures to be used:

<p>Containment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Chemical fume hood <input type="checkbox"/> Glove box <input type="checkbox"/> Other local exhaust ventilation <input type="checkbox"/> Blast guard/shield <input type="checkbox"/> Other (specify) 	<p>Personal Protective Equipment</p> <ul style="list-style-type: none"> <input type="checkbox"/> Lab coat (type): <input type="checkbox"/> Chemical apron <input type="checkbox"/> Gloves (type): <input type="checkbox"/> Eye protection (type): <input type="checkbox"/> Respiratory protective equipment * (type): <input type="checkbox"/> Other (specify): <p>*Note: Contact EHS before wearing a respirator</p>
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Are any additional controls required? (Consider nearby sources of ignition, formation of explosive atmospheres/mixtures or residues, asphyxiation in confined spaces).

Equipment to be used:

Major Laboratory Equipment Used	Potential Hazards (i.e. electric shock, temperature extremes, pressure, chemical exposure)

Equipment controls required?

Disposal measures to be used during and after the procedures:

Emergency procedures (emphasize any special hazards):

- Shut down Procedures
- Action in the event of Fire (type of extinguisher):
- Action in the event of spillage or uncontrolled release:
- Emergency treatment for personnel in the event of contamination, exposure to vapors or other adverse effects:

Name of assessor:

Signature:

Date: