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| Date: | Review Date: | Assessment Reference: |
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UNIVERSITY OF CAMBRIDGE
CHEMICAL HAZARD RISK ASSESSMENT FORM
 Completing this document fulfils the requirements of the COSHH and DSEAR Regulations relating to a written risk assessment

Experiment or Procedure (include a brief description & reaction conditions i.e. temperature, solvent, work up procedures and frequency of exposure):

Risks associated with the procedure (What are the hazards and risks?):

Risk implications:

Is there any substance used or formed that might give rise to explosion (e.g. flammable gases/liquids)? Yes / No
 If yes, how can you ensure that no explosion occurs? _____

Is it reasonably foreseeable that the lower explosive limit will be reached in the event of a leak/spillage? Yes / No
 If yes, a more detailed risk assessment is required.

Is there likelihood of copious amounts of gas being released or thermal runaway? Yes / No
 Can any of the substances be substituted for a less hazardous substance? Yes / No

What could happen if there was catastrophic failure of the apparatus? _____
 In the event of an accident, who might be exposed? _____

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

| Substances Used | Approx. Quantity | Physical Form i.e. dust, vapour, volatile liquid etc | Hazards i.e. flammable, corrosive, irritant, readily absorbed through skin | Exposure Route i.e. skin, eyes |
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Are any of the substances listed above R42, R43, R45, R46, R49, R60, R61, R64? Yes / No

(If yes, contact Occupational Health and refer where necessary to the University Code of Practice on the Safe Use of Carcinogens etc)

Control measures to be used (continue on a separate sheet if necessary):

Containment:

Fume cupboard Yes / No
Glove box / isolator Yes / No
Safety cabinet Yes / No
Local exhaust ventilation Yes / No
Other (specify)

Personal Protective Equipment:

Lab coat / overalls Yes / No
Chemical apron Yes / No
Gloves Yes / No
Eye Protection Yes / No
Respiratory protective equipment Yes / No
Other (specify)

Are any additional controls required? (Consider nearby sources of ignition, formation of explosive atmospheres/mixtures, asphyxiation in confined spaces)

Disposal measures to be used during and after the procedure: (Also consider by-products and washings)

Emergency Procedures (emphasise any special hazards):

- *Shutdown Procedures:*
- *Action in the event of fire (type of fire extinguisher):*
- *Action in the event of spillage or uncontrolled release:*
- *Emergency treatment for personnel in the event of contamination, exposure to fumes or other adverse effects*

Eyes:

Skin:

Inhalation:

Name of assessor:

Signature:

Date:

Name of co-signatory: (e.g. Supervisor / authorised deputy)

Signature:

Date:

Note: This risk assessment should be reviewed at least annually and when there is any significant change in procedure.