Chemistry UOW Risk Assessment Form for Laboratory Work

Assessment Completed by:	Date:
Location:	Contact No.

Description of Task / Guidelines Referenced

Res/Teach/Tech Repetitive Task ☐ Services Used : ❑ Water ❑ Power ❑ N_2 Temp .....°C Pressure.....

Hazard Identification - Equipment Used & Experimental Design

Hazard Identification - Materials

Hazard(s) tick if applicable

Hazardous Substance Reactant/ Products	Flammable	Toxic	Corrosive	Harmful	Irritant	Oxidising	Other (Please detail)

Controls Adopted for Risk Minimisation

Flammability
Volume- Small Med. Large
☐ No ignition sources
☐ Use in fumehood
☐ Temperature. of reaction controlled _____°C
☐ Inert atmosphere
☐ Static discharge protection

Toxicity
☐ Use in fumehood
☐ Use Toxics Room
☐ Placarding indicating use (High → extreme)
☐ Respirator Required Type_____
☐ Antidote Available/Req'd

Body Contact
☐ Safety Goggles
☐ Face Shield
☐ Gloves Required Type
☐ Safety Apron Type_____
☐ Eye Wash
☐ Safety Shower

Reactivity
☐ Dry atmosphere
☐ Inert atmosphere
☐ Blast Shield
Reactivity destroyed / neutralised by:

Chronic Health
☐ Operator awareness
☐ Monitoring Required
☐ Avoid if pregnancy known or suspected.
☐ Avoid if allergic reaction develops

Further Risk Control Measures

Please Refer to School of Chemistry Guidelines for Laboratory Work Risk Assessment. Section 4.2, Step 6. Hierarchy of Controls

Conclusion of Risk Assessment to Health

- ○ No significant risk
- ○ Significant Risk but adequate controls in place

NB: If you cannot tick either box and the risk is either NOT controlled OR Unknown then FURTHER ASSESSMENT is needed and the experiment should NOT proceed .

Experiment Approved by: _____ **Date :** _____

- ❑ **High Risk** (Head of School must also sign)
- ❑ **Extreme Risk** (Head of School and Dean must also sign)

RISK MATRIX

LIKELIHOOD	CONSEQUENCES: Maj	Mod	Min	Ins
A	E	E	H	M
B	E	H	M	M
C	H	M	M	L
D	M	M	L	N

Head of Unit: _____ **Date :** _____ **Dean:** _____ **Date:** _____
Assoc. Prof Stephen Wilson Prof. Will Price