Top of Form

**COSHH Assessment Template**

|  |  |
| --- | --- |
| Researcher Name: | |
| Academic/Supervisor: | |
| Laboratory: | Date: |

|  |  |
| --- | --- |
| Minimum Laboratory Standards and working practices, such as PPE of fastened lab coat and safety glasses (BSEN 166 F) must be adhered to. | http://images.mysafetysign.com/img/lg/I/wear-labcoat-iso-circle-sign-is-1041.png  http://www.archersafetysigns.co.uk/images/m/m96058.jpg |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Experiment: | | | | | |
| ***Proposed Procedure/Reaction Scheme:*** | | | | | |
| Reaction Volume | <5mL/NMR | <25ML | <100mL | <500mL | >500mL |

**Substances to be used:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Substance/Compound**  (include reagents, solvents and product) | **Stock Quantity**  (g, mg, ml, etc.) | **Physical Form**  (powder, liquid, vapour, etc.) | **Hazard**  (taken from label/MSDS) | **Exposure Route**  (Inhalation, skin/eye contact, ingestion, etc.) |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| Any **unknown** compound should be assumed to be **Toxic** and treated as such. | | | | |

**Risk Implications:**

|  |  |
| --- | --- |
| Can any of the substances listed above be substituted with a less hazardous one? | Y/N |
| Are any of the substances used on the dangerous chemicals list? | Y/N |
| Is there the possibility of a fire/explosion from any of the substances used/formed?  If Yes, include control measures in Emergency procedures | Y/N |
| Is there a likelihood of copious amounts of gas being released or thermal runaway?  Is Yes, include control measures in Emergency procedures | Y/N |

**Control Measures to be used:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Containment:***  *(tick those that apply)*  Glovebox  Fume Cupboard  Class 2 microbiological cabinet  Local Exhaust Ventilation  Other (specify) | |  | | --- | |  | |  | |  | |  | |  | | *Additional* ***Personal Protective Equipment*** *(PPE): (mark those that apply)*  http://www.emedco.com/media/catalog/product/Right-to-Know-Pictograms-RPC01-034-ba.jpg http://www.emedco.com/media/catalog/product/Right-to-Know-Pictograms-RPC02-034-ba.jpg http://www.archersafetysigns.co.uk/images/m/M20FFlg.gif Image result for ppe pictograms http://www.emedco.com/media/catalog/product/Right-to-Know-Pictograms-RPC04-034-ba.jpg    http://www.emedco.com/media/catalog/product/Right-to-Know-Pictograms-RPC05-034-ba.jpg http://www.emedco.com/media/catalog/product/Right-to-Know-Pictograms-RPC07-034-ba.jpg  Type of glove (EN374): thin nitrile/purple nitrile      Other (specify): |

|  |  |
| --- | --- |
| **Waste Disposal:** | *Safe disposal of waste, avoiding contamination or injury to persons or to the environment. State method of disposal, e.g., Flammable solvent waste bottle, laboratory bin, special waste, etc.* |
| *Do any of the compounds used or produced require special disposal methods?* | |

|  |  |
| --- | --- |
| **Emergency Procedures:** | *Identify action to be taken in the event of an incident. Give realistic spill clean-up procedures. Report all incidents.* |
| *What should happen in case of exposure, spillage or if equipment fails?* | |
| **Making the Reaction Safe:** | *Provide details on how to make your experiment safe in case of emergency.* |
|  | |

**Effectiveness of Control Measures:**

|  |  |
| --- | --- |
| Is the MSDS for the chemicals used available? Has suitable instruction and training been provided? | Y/N |
| Is Supervision of the person/s carrying out this task required? | Y/N |
| Is Exposure Monitoring required, e.g. workplace exposure limit likely to be exceeded? | Y/N |
| Is Health Surveillance required? | Y/N |

**Sign on Sheet to acknowledge understanding of Risk Assessment:**

|  |  |  |
| --- | --- | --- |
| **Names and Signatures of other workers/researchers/PG/UG students**  *All others undertaking the process described/using the hazardous substances must signify that they understand the hazards and risks.* | | |
| Print name: | Signature: | Date: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Signatures:**

|  |  |
| --- | --- |
| Supervisor’s signature: | Date: |
| Chemical safety officer: | Date: |
| Biological safety officer (if required): | Date: |

|  |
| --- |
| **Review date (12 months from approval):** |