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**COSHH Assessment Template**

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

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| 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 [ ]   |

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

**Substances to be used:**

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| --- | --- | --- | --- | --- |
| **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.) |
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| Any **unknown** compound should be assumed to be **Toxic** and treated as such. |

**Risk Implications:**

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| 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:**

|  |  |  |  |  |  |  |  |
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| ***Containment:*** *(tick those that apply)*Glovebox Fume CupboardClass 2 microbiological cabinetLocal Exhaust VentilationOther (specify) |

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 | *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):  |

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| **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?* |

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| **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.* |
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**Effectiveness of Control Measures:**

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| --- | --- |
| 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:**

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| **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: |
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**Signatures:**

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

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