

**Biomakespace COSHH Assessment**

Important: Please complete this after reading the [BMS15 Chemical Safety Policy](https://docs.google.com/document/d/1jqt7U67YcpqbM-yku7-O4V3EzZd7p3cp1H4lFuTk4Nk/edit#heading=h.pdre7kyhkn2a) and any other [relevant safety policies](https://drive.google.com/drive/folders/0B9V3tIqIu0UZdFRIdzBOWDE5OFk).

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| **Chemical**  *Or biological agent* | | **Chemical risk and hazard categories (R-phrases) Hazard and Work Place Exposure Limits (WEL)** |
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| **Control Measures** [*Fume Cupboard, glove box, safety cabinet, local exhaust ventilation*] | | |
| **Flammables and explosives**  *Is there a substance used or formed that might give rise to a fire or explosion?* Yes/No  *If yes, list control measures.*  *A more detailed risk assessment will be required if the lower explosive limit is reached during leak or spillage.* | | |
| **Personal Protective Equipment** [*Lab coat/overalls, gloves, eye/hearing/respiratory protection*] | | |
| **Monitoring** [*Chemical, gas, oxygen depletion etc.*] | | |
| **Health surveillance required** [*E.g. Carcinogen, mutagen, toxic to reproduction, sensitizer*] | | |
| **Storage** | | |
| **Waste disposal** [*Contractor, chlorinated, non-chlorinated, non-hazardous aqueous, general waste*] | | |
| **Emergency Procedure** | | |
| **First Aid** | | |
| **Out of hours/lone working (any specific risks)** | | |

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| **Assessment Summary** |