**Lab Risk Assessment**

To fill out the form, click on the relevant grey box and type. For Yes/No checks, simply insert an **X** as necessary

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Lab title** | Making Biodiesel | | | |
| Aim: | To prepare a small batch of biodiesel from coking oil. | | | |
| A current Safety Data Sheet (SDS) has been provided for each chemical I intend to use and has been reviewed by me. All actions indicated by the SDS for the control of hazards and risks associated with the substance will be complied with:        **YES**        **No – do not proceed until you have reviewed the SDS and implemented the specified risk control measures** | | | | |
| Please tick which PPE equipment is to be used during the Lab. Add extra detail if necessary e.g, type of protective clothing. | | | | |
| Are any of the following routes of entry an exposure risk?  Ingestion       Inhalation X Skin contactX Eye contact X | | | | |
| **PPE** | | **Details** | **PPE** | **Details** |
| X Gloves | |  | X Hair tied back |  |
| Protective clothing | |  | Hearing protection |  |
| X Eye protection | |  | Respiratory protection |  |
| Face protection | |  | Other |  |
| Hygiene control | |  |
| The experiment will be conducted in a fume hood: | | | | |
| I have checked the student list for any who have allergies or sensitivities who may be impacted.       Yes | | | | |
| Nature of hazard:  X Chemical injury (skin contact, inhalation, ingestion etc.)        Physical injury (cuts, injury from lifting etc)       Other hazard/s(specify): | | | | |

Other personnel who may be impacted:

|  |  |  |
| --- | --- | --- |
| X Technical staff | X Teaching staff | Emergency personnel |
| Cleaning staff | X Students | Administrative staff |
| Other: | | |

Now “Save As \_Lab title” in S: drive. Print a copy, date and sign below. Pass the form to the Techies.

I am aware of the risks involved in this Lab and have included safety instructions for students in my plan.

Teacher signature: ­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_