



STUDENT EXPERIMENT EQUIPMENT ORDER and RISK ASSESSMENT

Student Name(s)	Grade	Subject	Teacher	Day & Date	Room	Session

ORIGINAL EXPERIMENT

Cite text book page references, or names of experiments already undertaken in class

MODIFIED EXPERIMENT

Extra pages may be securely attached to this booking form if required

EQUIPMENT REQUIRED

Extra pages may be securely attached to this booking form if required

RISK ANALYSIS

Identify hazards that could make your experiment dangerous, how they make your experiment dangerous, and how to make your experiment safer.

Potential Hazard	Risk	Risk Control Measures
CHEMICALS <input type="checkbox"/> Flammable <input type="checkbox"/> Toxic <input type="checkbox"/> Corrosive <input type="checkbox"/> Carcinogenic <input type="checkbox"/> Cryogenic <input type="checkbox"/> Highly reactive <input type="checkbox"/> Pollutant <input type="checkbox"/> Allergen <input type="checkbox"/> Irritant <input type="checkbox"/> Staining <input type="checkbox"/> Fumes <input type="checkbox"/> Dust/vapour <input type="checkbox"/> Waste/spill		
THERMALS <input type="checkbox"/> Fire/flare <input type="checkbox"/> Hot material <input type="checkbox"/> Cold material		
BIOLOGICAL <input type="checkbox"/> Microbes <input type="checkbox"/> Parasite <input type="checkbox"/> Toxic <input type="checkbox"/> Bite/sting <input type="checkbox"/> Allergen <input type="checkbox"/> Bodily Fluids <input type="checkbox"/> Waste/spill		
MECHANICAL <input type="checkbox"/> Sharps <input type="checkbox"/> Broken Glass <input type="checkbox"/> Compressed Air <input type="checkbox"/> Vacuum <input type="checkbox"/> Acoustics <input type="checkbox"/> Electric shock <input type="checkbox"/> Ignition source <input type="checkbox"/> High speed devices <input type="checkbox"/> Heavy weights		
RADIATION <input type="checkbox"/> Laser/visible light <input type="checkbox"/> α , β , γ /mineral <input type="checkbox"/> Ultraviolet <input type="checkbox"/> Microwave <input type="checkbox"/> Magnetic fields		
ENVIRONMENTAL <input type="checkbox"/> Slip/trip/fall <input type="checkbox"/> Projectile <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Falling object <input type="checkbox"/> Glassware (demo) <input type="checkbox"/> Sharp object <input type="checkbox"/> Noise <input type="checkbox"/> Lift/carry <input type="checkbox"/> Dangerous organisms		
OTHER <hr/> <hr/> <hr/>		

THE RISK FOR THIS EXPERIMENT IS **SERIOUS** ☐ **MODERATE** ☐ **MINOR** ☐