|  |  |  |
| --- | --- | --- |
| **Title of project/experiment/activity** | | |
| **Location of activity** | **Assessment Reference** | |
| **Brief description (or attach procedure/protocol)** | | |
| **Chemical**  *Biological Agent* | | **Hazard and Work Place Exposure Limits (WEL)** |
|  | |  |
|  | | |
| **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** | | |

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| **Assessment Summary** |

Signature to confirm that this is a suitable and sufficient assessment of risk and that stated control measures are in place and will be reviewed.

|  |  |  |
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| **Assessor**  Email: | **Signature** | **Date** |
| **Supervisor** | **Signature** | **Date** |

Reviewed by:

|  |  |  |
| --- | --- | --- |
| **Local Safety Co-ordinator** | **Signature** | **Date** |
| **Departmental Safety Officer** | **Signature** | **Date** |