

# [Hazardous substance risk assessment form](https://assignbuster.com/hazardous-substance-risk-assessment-form/)

HAZARDOUS SUBSTANCE RISK ASSESSMENT FORM This document fulfils the requirements of the COSHH and DSEAR Regulations relating to a written risk assessment When completing form, refer to Guidance Notes Experiment / Procedure / Process / Activity / Demonstration (include a brief description): | | Frequency (hourly, daily, weekly, monthly or ‘ one-off’): | | Hazardous substances to be used (List ALL substances including solvents, expected products and by-products): | | Can any of the substances be substituted with a less hazardous substance or form of the substance?

YES / NO | | If yes, you must do so, or justify not using it. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Substance | Approx. Physical Form | Hazards | | Risk Phrases / GHS | Exposure Route(s) | | | quantity | gas, liquid, | Toxic, flammable, | WEL | Hazard Statements | inhalation, ingestion, | | | | solid, dust | corrosive, irritant, | Work |(see guidance note | injection, absorption | | | | | easily absorbed | Place | lists) | | | | | | through skin etc | Exp | | | | | | | | Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Which are the significant chemical hazards? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Risks associated with the procedure: (non-chemical risks may require an additional risk assessment) | | Note: DSEAR risk considerations include: | | Is there any substance used or formed that might give rise to a fire or explosion (e. g. reactive intermediates)? y/n | | If yes, how will you ensure that no fire or explosion occurs (inc. the consideration of eliminating ignition sources): | | Is it reasonably foreseeable that the lower explosive limit will be reached in the event of a leak / spillage? /n | | If yes, a more detailed risk assessment is required under the Dangerous Substances Explosive Atmospheres Regulations. | | Are any of the substances a Category 1 or 2 carcinogen, a mutagen, a substance toxic to y/n | | reproduction, a respiratory sensitizer or a skin sensitizer? | |(Risk Phrases: R42, R43, R45, R46, R49, R60, R61, R64 or Hazard Statements: H334, H317, H350, H340, H350i, H360f, H360d, H362) | | Work with these compounds must be carried out in a fume cupboard where reasonably practicable. A health record must be completed. | Control Measures: | | Containment: | Personal Protective Equipment: | | Fume cupboard | | | Lab coat / overalls | | | | Glove box / isolator | | | Gloves | | | | Safety cabinet | | | Glove type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Local exhaust ventilation | | | Eye Protection (i. e. afety | | | | | | | glasses, goggles, face shield) | | | | Additional: | | | type: | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Storage requirements (specify): | | Respiratory protective equipment | | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |(RPE) \* | | | | Other control measure (specify): | | RPE type: | | | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |\* Under COSHH all RPE requires face-fit testing | | Is health surveillance required? /n | | | | | Monitoring: Gas, Vapour or Dust y/n Specify what and how : | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Are any additional controls required not covered above? (training, instruction, information or maintenance) | | | | Are there additional non-chemical hazards requiring further risk assessment? y/n Ref No: | | Waste Disposal Routes: Refer to University and departmental policy. | | Consider segregation, containment and appropriate labelling of waste in order to avoid problems of mixing incompatible wastes. | Chlorinated solvent | | Aqueous (hazardous) | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Non-chlorinated solvent | | Aqueous (non-hazardous) | | | | Identify incompatible wastes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | NB: The mixing of incompatible wastes can introduce significant additional hazards, consult literature and MSDSs | | Emergency Procedures (emphasise any special hazards): | | Fire Extinguisher: | CO2 | | Dry Powder | | L2 D-metal | | | Spillage/Uncontrolled Release: | Spill Kit | | Evacuate Area | | Wash Down Area | | | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | What could happen if there was catastrophic failure of the apparatus? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | In the event of an accident, who might be exposed? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Emergency Treatment in Case of Contamination or Exposure: | | Exposure/Contamination – standard procedures (special procedures MUST be detailed below) Read and Understood | | Mouth, Eyes, Skin Exposure – flush area of contact with plenty of water, contact a First Aider; Lungs – remove to fresh air, contact a First Aider. If | | swallowed – contact a First Aider, get details of substance ingested and seek medical attention immediately. | | If casualty unconscious – contact a First Aider immediately and call an ambulance. | | Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_