Risk Assessment Reaction Number: Date:

| | Chemical hazards and routes of exposure | | | | | | | | | | | | | | | |
|---|---|--------|-------------------------|---------------|--------|---|--|------------------------|------------------|-----------|-------------------------|------------------------------|-----------|-----------|-------------|------------------|
| | | | | | | Exposure route: 1 Inhalation; 2 Skin / eyes; 3 Swallowing | Carcinogen, teratogen, mutagen | Very toxic / toxic | Harmful/irritant | Explosive | Pyrophoric | Highly flammable / flammable | Oxidising | Corrosive | Lachrymator | Other (specify): |
| Compound | FW | d | Quantity | mmols | equiv | | | | | | | | | | | |
| | | | | | A (vei | essme ry high |) | B (hig | h) | |) C (me | dium) | ne | D (low | | |
| The appropriate manual must be read and sheet Liqui | | | | | | d ammonia | | UV light | | | Ozone | | | HF | | |
| signed prior to commencing the experiment | | | | | | | | | | | | | | | | |
| Reaction conditions and associated processes (heat, cooling, pressure, vacuum etc) and hazards: | | | | | | | | | | | | | | | | |
| Control Measures (tick boxes) | | | | | | | | | | | | | | | | |
| Safety glasses Lab co | | | | | | | Fume hood | | | | Scrubbing system (type) | | | | | |
| MANDATORY Full face shield | | | MANDATORY Safety screen | | | Glove | s: | Marigold Heavy duty | | | Nitrile Other (type) | | | PCV | | |
| Are specific | emergency | proced | dures necess | sary for this | proces | s? Ye | es / No | If Ye | s, give | detail | | | | | | |
| | nd/or reagent | | | | | | | | | | | | | | | |
| (quench type and possible hazard) Waste disposal: Chlorinated waste Hydrocarb | | | | | | hon wa | on woote | | | acto | Other (assoifu) | | | | | |
| Waste disposal: Chlorinated waste Hydrocart (circle as appropriate) | | | | | | DOI1 WE | on waste Silica waste Other (specify): | | | | | | | | | |
| Worker Signature: Signature of Responsible Person: | | | | | | | | | | | | | | | | |
| Data | Date: | | | | | | | | | | | | | | | |
| Date: | | | | | Date: | | | | | | | | | | | |