

Detailed description of work activity:

SECTION 3: HAZARDOUS SUBSTANCES INFORMATION

List all the substances you are going to use in the procedure you are assessing. All the information required to populate the table below can be found on the manufacturer's safety data sheet.

If none of the substances to be used are hazardous to health, the risk assessment is complete at this stage and should be signed off.

Name of substance	Hazard Classification*	Physical form e.g. powder, dust, liquid, gas	Route of exposure e.g. ingestion, inhalation, absorption, injection	WEL (mg/m ³) or (ppm)

* Please detail the level of health hazard i.e. Hazard statements and Carcinogenic / Mutagenic categories

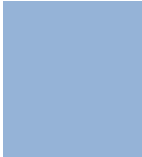
Note A separate BioCOSHH / GM / Radiation Risk Assessment may be required depending on the work taking place

Hazards produced during / after reaction / experiment
List all the substances (if any) you are going to produce in the procedure you are assessing and the associated hazards.

How often will this work activity be carried out?

Daily	Weekly	Monthly	Other (please specify)

How long will the process / work activity last?



Personal Protective Equipment:							
	Lab Coat	Apron	Safety Footwear	Gloves*	Face Shield	Glasses / Goggles	RPE**
Storage requirements:	Waste will be disposed in the appropriate waste bottle in the fume hood.						
Disposal procedures:	The waste bottles will be brought to the stock room to be disposed of.						

*If protective gloves are required, please indicate which type is the most suitable for the substance handled.

**A person requiring RPE must be 'face-fit tested' to the RPE (Further advice on the selection of suitable RPE and face-fit testing is available from the Occupational Health and Safety Service).

	Yes	No	Describe the findings of exposure monitoring or health surveillance
Is exposure monitoring required? (See Note 2)			
Is health surveillance required?* (See Note 3)			

*If yes, please state date of referral to Occupational Health: _____

Assessment of risk

SECTION 5: EMERGENCY PROCEDURES

The purpose of this section is to provide easy access to emergency information for First Aid, Spillage and Fire. Information obtained from R and S codes on MSDS forms.

First Aid

If inhaled:

Fire	
Suitable extinguishing media:	
Special hazards arising from the substances or mixture:	

SECTION 6: CONTACTS

Contact in the event of an emergency: (first aid, spillage, fire):	

SECTION 7: APPROVAL

I confirm that this is a suitable and sufficient risk assessment for the above described work activity

	Name	Signature	Date
Assessor (Student/PDRA):			
Principal Investigator / Supervisor:			
COSHH Supervisor: (Chemical)			
COSHH Supervisor: (Biological)			
COSHH Supervisor: (Microbiological)			

I have read and understood the information contained in this COSHH Risk Assessment and I agree to adopt the control measures and precautions as stated above:

For

Note 1: Risk Matrix

	Risk Likelihood			
Hazard Severity	Unlikely (1)	Possible (2)	Likely (3)	Very Likely (4)
Minor (1)	1	2	3	