

HAZARD AND RISK ASSESSMENT FORM

NAME:

DATE:

WORKBOOK AND PAGE REFERENCE:

- NOTES**
- 1) Assess **Risk Class** for each reagent, process and product as per sections 4.3 & 4.4 of the Safety Handbook. Use numbers 1-4.
 - 2) Assess **Risk rating**: how likely is the hazard to hurt or injure someone and how severely? Use one abbreviation from each group: HL = Highly Likely; L = Likely; U = Unlikely; HU = Highly Unlikely **AND** XS = Extremely Severe; S = Severe; M = Moderate; SL = Slight.
 - 3) In **exceptional circumstances** a Modified Risk Class may be provided. A reason must be specified and explicitly approved by your supervisor.
 - 4) **Procedure Class** is then the highest risk class/modified risk class attributed to any individual reagent, process or product.
 - 5) An appropriate **Reaction Label(s)** must be generated for and physically accompany each process (except class 0).
 - 6) If a **Scheduled Carcinogen** is being used, the University Risk Assessment for handling such chemicals must also be completed.

REAGENTS or SAMPLE TYPE	Quantity	Risk phrases and disposal	Risk Class	Risk Rating	Modified Risk Class

MEASUREMENT PROCESSES (include Liquid nitrogen, Solvents, Lasers, PPE etc)	Quantity	Risk phrases, Hazard or SOP that lists Hazards	Risk Class	Risk Rating	Modified Risk Class

WASTE (include gloves when handling biological samples in PC 2 Lab)	Quantity	Risk phrases and disposal	Risk Class	Risk Rating	Modified Risk Class

EQUIPMENT USED:

Max/Min Temp:	°C	Max/Min Pressure:	bar
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HAZARD CONTROL AND SPECIAL STORAGE/WASTE DISPOSAL MEASURES:

USER DECLARATION: I understand all hazardous aspects of this process. I am appropriately trained in the use and handling of all reagents and equipment identified and understand necessary precautions to take in the event of an adverse incident. I acknowledge that I am/am not handling chemicals belonging to a Schedule for Restricted or Prohibited Carcinogens; if I am using such a chemical, I have completed an additional more detailed University Risk Assessment for handling a scheduled carcinogen.

Name: _____ Signature: _____ Date: _____

REASON/S FOR RISK CLASS CHANGE:	Supervisor's name:	
Supervisor signature:	Supervisor signature:	
	Date:	
	Floor Safety Officer's signature (Class 4 procedures):	