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| **LABORATORY PROJECT HAZARD &**  **RISK ASSESSMENT FORM** | | | | |
| **GENERAL OVERVIEW** | | | | |
| **DEPARTMENT** | |  | | |
| **Principal Investigator/Activity Coordinator** | |  | | |
| **DATE** |  | | **ROOM NUMBER** |  |
| **PROJECT OVERVIEW** | | | | |
| **Laymen’s explanation of process – attach diagram or image separately:** | |  | | |
| **Primary Chemicals Required – Identify Amounts Being Handled (P – Pyrophoric, R – Reactive)** | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Gas, Liquid or Solid** | | **Classify Hazards** | | | | | | | | | | | | |
| **Toxic (Y/N)** | | | | **Flammable (Y/N)** | | | | | **Corrosive (Y/N)** | **Oxidizer (Y/N)** | **\*P or \*R (Y/N)** | **Amount used** |
| Chemical Name | G, L, or S | | Y or N | | | | Y or N | | | | | Y or N | Y or N | Y or N | Amount |
| Chemical Name | G, L, or S | | Y or N | | | | Y or N | | | | | Y or N | Y or N | Y or N | Amount |
| Chemical Name | G, L, or S | | Y or N | | | | Y or N | | | | | Y or N | Y or N | Y or N | Amount |
| Chemical Name | G, L, or S | | Y or N | | | | Y or N | | | | | Y or N | Y or N | Y or N | Amount |
| **Identify potential sources of risk** | | | | | | | | | | | | | | | |
| **Type of process** | | | | | **Y/N** | | | **Indicate how you will minimize risk with these processes** | | | | | | | |
| **Use of increased pressure, vacuum or increased temperature** | | | | | Y or N | | | Indicate how you will minimize risk here | | | | | | | |
| **High voltage** | | | | | Y or N | | | Indicate how you will minimize risk here | | | | | | | |
| **Use of robotics/shop equipment or mechanical devices that require guarding** | | | | | Y or N | | | Indicate how you will minimize risk here | | | | | | | |
| **Use of toxic, pyrophoric, or water reactive materials** | | | | | Y or N | | | Indicate how you will minimize risk here | | | | | | | |
| **Use of cryogenics/compressed gases** | | | | | Y or N | | | Indicate how you will minimize risk here | | | | | | | |
| **Identify specific SOPs available for process** (\*if a toxic material is used, you must have an emergency plan for its accidental release) | | | | | | | | | | | | | | | |
| **SOP** | | | | **Procedure available (Y or N)** | | | | | | **If no, indicate why, if yes, indicate location** | | | | | |
| **Overall process procedure** | | | | Y or N | | | | | | If no, indicate why. If yes, indicate location of SOP | | | | | |
| **Accidental release (spill or leak)** | | | | Y or N | | | | | | If no, indicate why. If yes, indicate location of SOP | | | | | |
| **Accidental exposure** | | | | Y or N | | | | | | If no, indicate why. If yes, indicate location of SOP | | | | | |
| **Other** | | | | Y or N | | | | | | If no, indicate why. If yes, indicate location of SOP | | | | | |
| **Anticipated Wastes and Disposal Methods: Call ext. 4373 for Guidance or work with the Biology Lab Coordinator** | | | | | | | | | | | | | | | |
| **Anticipated Wastes** | | | | | | **Disposal Methods** | | | | | | | | | |
| Indicate anticipated wastes | | | | | | Indicate disposal methods | | | | | | | | | |
| Indicate anticipated wastes | | | | | | Indicate disposal methods | | | | | | | | | |
| Indicate anticipated wastes | | | | | | Indicate disposal methods | | | | | | | | | |
| Indicate anticipated wastes | | | | | | Indicate disposal methods | | | | | | | | | |
| **Identify what training will be provided (\*If a toxic material is used you must provide emergency specific training for it)** | | | | | | | | | | | | | | | |
| **Training** | | **Training provided (Y or N)** | | | | | | | **If no, indicate why** | | | | | | |
| **Chemical specific** | | Y or N | | | | | | | If no, indicate why. | | | | | | |
| **Equipment specific** | | Y or N | | | | | | | If no, indicate why. | | | | | | |
| **Process specific** | | Y or N | | | | | | | If no, indicate why. | | | | | | |
| **Emergency specific** | | Y or N | | | | | | | If no, indicate why. | | | | | | |
| **Other** | | Y or N | | | | | | | If no, indicate why. | | | | | | |
| **PROCESS REVIEW** | | | | | | | | | | | | | | | |
| Identify who will review the process before it can proceed | | | | | | | | | | | | | | | |
| Name of Reviewer: | | | | | | | | | | | Position: | | | | |
| Signature: | | | | | | | | | | | Date: | | | | |