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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 |
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| **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: |