

WARNING! EXPERIMENT IN PROGRESS

Description:

Name:

Emergency Contact #:

Emergency Procedures:

Shutdown:

.....

In case of spill:

.....

Hazard List (reagents, solvents, products, by-products, etc)

Acute Health:	<input type="checkbox"/> Toxic	<input type="checkbox"/> Irritant	<input type="checkbox"/> Small / stench
Chronic Health:	<input type="checkbox"/> Mutagenic	<input type="checkbox"/> Teratogenic	<input type="checkbox"/> Carcinogenic
Physical / Chemical:	<input type="checkbox"/> High temperature	<input type="checkbox"/> Low temperature	<input type="checkbox"/> Corrosive
	<input type="checkbox"/> High pressure	<input type="checkbox"/> Low pressure	<input type="checkbox"/> Explosive
	<input type="checkbox"/> Oxidising	<input type="checkbox"/> Electrical / spark	<input type="checkbox"/> Flammable
	<input type="checkbox"/> Pyrophoric	<input type="checkbox"/> Reacts violently with water	
	<input type="checkbox"/> Other (describe):		

Location: Reference number:

Approved by: Date:

See overleaf for more details and COSHH Assessment

New Reaction/Procedure Check List

You must complete this checklist for each reaction or procedure.

Describe the reaction or new procedure you intend to carry out:

<p>You must consult Safety Data Sheets for all of the chemicals or biological materials you intend to use.</p>	
<p>Do any of the materials you intend to use require a COSHH Special Assessment? (Risk phrases 1-6, 9, 16, 17, 23-29, 31-33, 39, 40, 42-49, 60-63)</p>	Yes*/No
<p>Are any of the materials you intend to use classified as Category 1 or Category 2 Carcinogens? (Risk phrases 45, 49)</p>	Yes*/No
<p>Are there any known or expected significant hazards arising from the reaction or new procedure? If "Yes", you must discuss these hazards and necessary safety precautions with your research Supervisor and record your conclusions in writing.</p>	Yes/No
<p>Does Bretherick's "Handbook of Reactive Chemical Hazards" list any possible unexpected hazards arising from the reaction or new procedure. If there is an entry list the paragraph number. You must discuss the hazards and necessary safety precautions with your research Supervisor and record your conclusions in writing.</p>	Yes/No Paraph: _____
<p>Researcher's Signature: _____</p>	Date: / /
<p>Supervisor's Signature: _____</p>	Date: / /

* If "Yes", you must complete a COSHH Special Assessment and consult with your project supervisor and the Departmental Safety Adviser.

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Researcher's Signature: _____ Date: / /

Supervisor's Signature: _____ Date: / /

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