WARNING! EXPERIMENT IN PROGRESS				New Reaction/Procedure Check List		
Description: Pay (MMA) LATER SYNTHESIS				You must complete this checklist for each reaction or procedure.		
Name:	ANE SMITH			Describe the reaction or new procedure you intend to carry out:		
Emergency Contact #: OSSS 1234 5			So- Rock Th			
Emergency Proced				S To-	-	
Shutdown: TURN OFF HEATING MANTLE			· Condenser of cold water · Nection markse, stirrer @ 300 ppm · Stabiliser: PUAL · Institutor: AIBN.			
In case of spill: Map up with Buse, Day						
				1000		
CARSALLY	IN FUMER	Coo				
	jents, solvents, pro	ducts, by-products, etc)		You must consult Safety Data Sheets for all of the chemicals or biological you intend to use.	al materials	
Acute Health:	☑ Irritant	Smell / stench		Do any of the materials you intend to use require a COSHH Special	Yes*	
Toxic	X Irritant	Smell / Stench		Assessment? (Risk phrases 1-6, 9, 16, 17, 23-29, 31-33, 39, 40, 42-49, 60-63)		
Chronic Health: Mutagenic	☐ Teratogenic	☐ Carcinogenic		Are any of the materials you intend to use classified as Category 1 or Category 2 Carcinogens? (Risk phrases 45, 49)	Yes*	
Physical / Chemical:				Are there any known or expected significant hazards arising from the	Yes	
☐ High temperature	☐ Low temperature	☐ Corrosive		reaction or new procedure? If "Yes", you must discuss these hazards and necessary safety precautions with		
☐ High pressure	□ Low pressure	Explosive		your research Supervisor and record your conclusions in writing.		
☐ Oxidising	☐ Electrical / spark	Flammable		Does Bretherick's "Handbook of Reactive Chemical Hazards" list any	Yes	
☐ Pyrophoric ☐ Reacts violently with water			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			
Other (describe):		-		in utere is an entry list the paragraph manifer. Too make discuss a de nazzros and encessary safety precautions with your research Supervisor and record your conclusions in writing.	_	
Location: Soo		erence number:P.44		Researcher's Signature: J SM (TM Date: 2	8 1101	
Approved by: Date: 3/10/11				Supervisor's Signature: A Jones Date: 3	101	

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

See overleaf for more details and COSHH Assessment "If "Yes", you must complete a COS