

Department of Chemistry Laboratory Risk Assessment

Ref

This form must be completed before work begins.

Description of Work

Names of those who will be involved

Intended location of work (laboratory name or number)

Intended start date

Hazard identification - Describe those aspects of the work that could create significant risks

List the control measures that will be implemented to reduce the risks to an acceptable level

Will particular training be required?

How will spillages or other uncontrolled releases be dealt with?

How will the products and waste be disposed of?

Prepared by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Others involved with the work with whom the assessment has been discussed:

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**Record of Review**

<u>Date</u>	<u>Approved</u>	<u>Comments</u>