

**COSHH RISK ASSESSMENT FORM (Chemicals / Materials)**

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| **Name:** *(person completing Form)* | **Contact Details:** | **Date:** |
| **College:** | **School:** | |
| **Personnel Affected:** | **Academic / Supervisor Responsible:** | |
| **Contact Details:** | |
|  | *You are confirming chemicals are not on the prescribed list.*<http://www.bangor.ac.uk/hss/inflink/statutory.php.en> | |

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| **PROCEDURE TITLE:** *(CAS No. MUST be completed)* | | | | | | |
| List Hazardous Chemicals Used | **CAS No.** | Quantity Used | Quantity Handled | Conc. | Workplace Exp. Limits | Hazards |
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| ALWAYS CHECK BEFORE STARTING ANY EXPERIMENT | | | | | | | | | | | |
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| A **less hazardous substance** can be used | YES | NO | |  | | The substance is a known **carcinogen** | | YES | | NO |
|  |  |  | |  | |  | |  | |  |
| The substance is a known **mutagen** | YES | NO | |  | | The substance is a known **teratogen** | | YES | | NO |
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| The procedure can  **enhance hazards** | YES | NO | |  | | The procedure can create **harmful bi-products** | | YES | | NO |
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| The procedure can cause an **exothermic reaction** | YES | NO | |  | | The procedure can cause a **build up of pressure** | | YES | | NO |
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| Work to be carried out **(circle)** | Open Bench | Fumehood Required | |  | | If Fumehood must be used is **Fire Trace** needed | | YES | | NO |

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| **EXPERIMENTAL PROCEDURE:** | | | | |
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| **CONTROLS:** | | | | |
| **Operational:** *(include monitoring arrangements)* | **PPE Required:** *(delete / detail as needed)* | | | |
| Gloves | Nitrile | Latex | Other |
| Face shield | Non UV resistant | UV resistant | Other |
| Eye Prot. | Safety glasses | Safety goggles | UV resistant |
| Footwear | Detail: | | |
| Mask | Detail: | | |

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| **REQUIRED CONTROL(s) CHECKS:** | | | | | | | | | | | | |
| Reaction Temp. | **Y** | **N** | Reaction Time | **Y** | **N** | PPE Type / Integrity | **Y** | **N** | Fumehood Operation | **Y** | **N** |

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| ACTION TO TAKE AT THE END OF THE EXPERIMENT | | | |
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| **MATERIALS TO BE RETAINED:** *(if applicable detail)* | | | |
| **Materials:** | **Specific Hazards:** | **Cleaning Required:** | **Storage / Labelling:** |
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| **DISPOSAL OF WASTE CHEMICALS:** *(if applicable detail)* | | | |
| **Chemicals AND Quantity:** | **Specific Hazards:** | **Containers Required:** *(check correct number & type eg ventilated lid available)* | **Storage / Labelling:** |

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| EMERGENCY PROCEDURES | | | | | | | | |
| **FIRST AID:** *(tick* ***✓*** *as appropriate)* | | | | | | | | |
| **Chemical** | **Ingested** | | **Inhalation** | | **Eye Contact** | | **Skin Contact** | |
|  | Induce vomiting | Medical attention | Fresh air | Medical attention | Rinse lots of water | Medical attention | Rinse lots of water | Medical attention |
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| Additional First Aid action to take if applicable: | | | | | | | | |

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| **SPILLAGE:** |
| **Large Scale Spill Procedure:** *(the largest container volume eg Winchester)* |
| **Small Scale Spill Procedure:** |

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| **FIRE AND EXPLOSION RISK:** *(delete / detail as appropriate)* | | | | | | | | | |
| Fire Risk? | **Y** | **N** | Explosion Risk? | **Y** | **N** | Toxic Fumes Risk? | | **Y** | **N** |
| If ‘Y’ detail what you are doing to control the risk(s): | | | | | | | | | |
| Detail the action to take in a fire: | | | | | | | List specific fire extinguishers: *(if needed)* | | |