|  |  |
| --- | --- |
|  |  |
| **Chemical Research Risk Assessment** |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Researcher:      | Department:       | Advisor:       | Date:       |
| Location:       |
| All researchers must complete this form and obtain authorization of this Risk Assessment prior to performing any experiment. |
| Process description:       |
| Describe experiment and procedure used (attach references if appropriate):       |
|  |
| Materials used in process: |
| Chemical Name | State (solid, liquid, gas) | Formula | Mass/Vol |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| Specific considerations: |
| Hazards: |
| Temperature range of experiment: |
| Pressure range of experiment:  |
| Protective equipment/precautions required: |
| Emergency shutdown procedure: |
| Disposal method: |
| This experiment be [ ]  attended [ ]  left unattended |
| Materials will be stored here: |
| Other important information: |
|  |

I have familiarized myself with the experimental risks and know the necessary safe working practices during the use and handling of chemicals and equipment. I shall adhere to the safety requirements for this laboratory at all times.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of approving faculty member: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_