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| **Chemical Research Risk Assessment** | |

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| 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): | | | | | |
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| Materials used in process: | | | | | |
| Chemical Name | State (solid, liquid, gas) | Formula | | | Mass/Vol |
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| 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: | | | | | |
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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_