

# University of Melbourne Chemical Hazard Risk Assessment Form

**Title of Experiment:**

**Reaction hazards (Chemicals, equipment & apparatus)**

MSDSs for the substance/s read and understood

Fire/explosion risk <input type="checkbox"/>	Flammable liquid <input type="checkbox"/>	Asphyxiant <input type="checkbox"/>	Air sensitive <input type="checkbox"/>	Hot liquids <input type="checkbox"/>
Gas release/high pressure reaction <input type="checkbox"/>	Corrosive <input type="checkbox"/>	Stench <input type="checkbox"/>	Moisture sensitive <input type="checkbox"/>	Ignition sources <input type="checkbox"/>
Known human carcinogen/mutagen <input type="checkbox"/>	Toxic <input type="checkbox"/>	Biological <input type="checkbox"/>	Security sensitive <input type="checkbox"/>	UV/X-ray/Laser <input type="checkbox"/>
Hazardous to the environment <input type="checkbox"/>	Oxidiser <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Cryogenics <input type="checkbox"/>	Use of stills <input type="checkbox"/>
Prolonged reaction ie >8 hrs <input type="checkbox"/> <small>(Fatigue &amp; Supervision must be considered)</small>	Reproductive hazard <input type="checkbox"/> <small>(Teratogen)</small>	Sensitiser/ Irritant <input type="checkbox"/>	Electrical hazard <input type="checkbox"/>	Endo-Exothermic <input type="checkbox"/>

**Additional Safety Implications (specify):**

Likelihood		Consequence		CONSEQUENCES				
				1	2	3	4	5
LIKELIHOOD	A Almost certain	1 Insignificant	A	M	H	H	VH	VH
	B Likely	2 Minor	B	M	M	H	H	VH
	C Possible	3 Moderate	C	L	M	H	H	H
	D Unlikely	4 Major	D	L	L	M	M	H
	E Rare	5 Extreme	E	L	L	M	M	H

**Identified hazards (from above)**

**Risk Assessment**

**Risk score**

Identified hazards (from above)	Risk Assessment		Risk score	VH = Very High H = High M = Medium L = Low
	Likelihood (L)	Consequence (C)	L x C	

**Control Measures**

Safety glasses <input type="checkbox"/>	Fume hood <input type="checkbox"/>	Face mask..... <input type="checkbox"/>	Safety shield <input type="checkbox"/>	<b>Gloves:</b> Latex <input type="checkbox"/>	Nitrile <input type="checkbox"/>
Goggles <input type="checkbox"/>	Lab coat <input type="checkbox"/>	Respirator..... <input type="checkbox"/>	Other..... <input type="checkbox"/>	PVC <input type="checkbox"/>	Rubber <input type="checkbox"/>
Full face mask <input type="checkbox"/>	PC2/3 lab <input type="checkbox"/>	Schlenk line/closed vessel <input type="checkbox"/>	..... <input type="checkbox"/>	PVA <input type="checkbox"/>	Barrier <input type="checkbox"/>
				Other <input type="checkbox"/> Specify: .....	

**Specify prevention, control or containment for any items selected above, incl method for containing/neutralising spills:**

Do you need to fill out an Apparatus Running Outside Working Hours form?

**Additional Emergency Procedures**

Neutralising agent  Restrict access to area  Special first aid requirements  (specify): ..... Other (specify): .....

**Waste Disposal – Refer to University Waste Disposal Procedures**

**Management of End Product.** Is the compound sensitive to:

Water Soluble <input type="checkbox"/>	Water Insol. <input type="checkbox"/>	Acid/pyridine <input type="checkbox"/>	Sharps <input type="checkbox"/>	Light <input type="checkbox"/>	Temperature <input type="checkbox"/>	Time <input type="checkbox"/>	Air <input type="checkbox"/>	Moisture <input type="checkbox"/>
Chlorinated <input type="checkbox"/>	Biohazard <input type="checkbox"/>	Non-hazardous <input type="checkbox"/>	Silica/filteraid <input type="checkbox"/>	Shock/vibration <input type="checkbox"/>	Other <input type="checkbox"/>	Specify:.....		
Cytotoxic <input type="checkbox"/>	Radioactive <input type="checkbox"/>	Other (specify): .....						

**Specify control measures if yes to any of the above:**

**Name of Assessor:**

**Name of Co-signatory:**

..... <b>Signed</b>	...../...../..... <b>Dated</b>	..... <b>Signed</b>	...../...../..... <b>Dated</b>
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