



**UNIVERSITY OF
CAMBRIDGE**

DAMTP GKB Laboratory



Hazardous Substance (COSHH) Risk Assessment Form 2

Dept Reference Number: CRA

This document fulfils the requirements of the COSHH and DSEAR Regulations relating to a written risk assessment

Version: COSHHRA2-2019

When completing form, refer to Guidance Notes

Experiment / Procedure / Process / Activity / Demonstration (include a brief description):

Frequency (hourly, daily, weekly, monthly or 'one-off'):

Hazardous substances to be used (List ALL substances including solvents, expected products and by-products):

Can any of the substances be substituted with a less hazardous substance or form of the substance? YES / NO

If yes, you must do so, or justify not using it.

Substance	Approx. quantity	Physical Form gas, liquid, solid, dust	Hazards Toxic, flammable, corrosive, irritant, easily absorbed through skin etc	WEL Work Place Exp Limit	Risk Phrases / GHS Hazard Statements (see guidance note lists)	Exposure Route(s) inhalation, ingestion, injection, absorption

Which are the significant chemical hazards? _____

Risks associated with the procedure: (non-chemical risks may require an additional risk assessment)

Note: DSEAR risk considerations include:

Is there any substance used or formed that might give rise to a fire or explosion (e.g. reactive intermediates) y/n

If yes, how will you ensure that no fire or explosion occurs (inc. the consideration of eliminating ignition sources):

Is it reasonably foreseeable that the lower explosive limit will be reached in the event of a leak / spillage? y/n

If yes, a more detailed risk assessment is required under the Dangerous Substances Explosive Atmospheres Regulations.

Are any of the substances a Category 1 or 2 carcinogen, a mutagen, a substance toxic to reproduction, a respiratory sensitizer or a skin sensitizer? y/n

(Risk Phrases: R42, R43, R45, R46, R49, R60, R61, R64 or Hazard Statements: H334, H317, H350, H340, H350i, H360f, H360d, H362)

Work with these compounds must be carried out in a fume cupboard where reasonably practicable. A health record must be completed.

Control Measures:		Personal Protective Equipment:	
Containment:			
Fume cupboard	<input type="checkbox"/>	Lab coat / overalls	<input type="checkbox"/>
Glove box / isolator	<input type="checkbox"/>	Gloves	<input type="checkbox"/>
Safety cabinet	<input type="checkbox"/>	Glove type: _____	
Local exhaust ventilation	<input type="checkbox"/>	Eye Protection (i.e. safety glasses, goggles, face shield)	<input type="checkbox"/>
Additional:		type: _____	
Storage requirements (specify): _____		Respiratory protective equipment (RPE) *	<input type="checkbox"/>
Other control measure (specify): _____		RPE type: _____	
Is health surveillance required? y/n	<input type="checkbox"/>	* Under COSHH all RPE requires face-fit testing	
Monitoring: Gas, Vapour or Dust <input type="checkbox"/> y/n Specify what and how : _____			
Are any additional controls required not covered above? (training, instruction, information or maintenance)			
Are there additional non-chemical hazards requiring further risk assessment? y/n <input type="checkbox"/> Ref No: _____			
Waste Disposal Routes: Refer to University and departmental policy. Consider segregation, containment and appropriate labelling of waste in order to avoid problems of mixing incompatible wastes.			
Chlorinated solvent	<input type="checkbox"/>	Aqueous (hazardous)	<input type="checkbox"/>
Non-chlorinated solvent	<input type="checkbox"/>	Aqueous (non-hazardous)	<input type="checkbox"/>
Identify incompatible wastes:	<input type="checkbox"/>	Other (specify):	_____
NB: The mixing of incompatible wastes can introduce significant additional hazards, consult literature and MSDSs			
Emergency Procedures (emphasise any special hazards):			
Fire Extinguisher:	CO ₂	<input type="checkbox"/>	Dry Powder
Spillage/Uncontrolled Release:	Spill Kit	<input type="checkbox"/>	Evacuate Area
Other (specify):	_____	<input type="checkbox"/>	L2 D-metal
		<input type="checkbox"/>	Wash Down Area
What could happen if there was catastrophic failure of the apparatus? _____			
In the event of an accident, who might be exposed? _____			
Emergency Treatment in Case of Contamination or Exposure:			
Exposure/Contamination – standard procedures (special procedures MUST be detailed below)			Read and Understood <input type="checkbox"/>
Mouth, Eyes, Skin Exposure – flush area of contact with plenty of water, contact a First Aider; Lungs – remove to fresh air, contact a First Aider.			
If swallowed – contact a First Aider, get details of substance ingested and seek medical attention immediately.			
If casualty unconscious – contact a First Aider immediately and call an ambulance.			
Other (specify): _____			
It is agreed that application of the control measures specified will provide adequate management of the identified risks.			
Name of assessor:			
Signature:		Date:	
Name of co-signatory: (e.g. Supervisor / authorised deputy)			
Signature:		Date:	

Note: This risk assessment is valid for one year after which time it MUST be reviewed.