Bio and Chemical Safety Committee Application Form for Chemical Safety Assessment

Suez Canal University

This form should be completed electronically and signed by the Principal Investigator or responsible person.

Section 1: Project Details

1.1.	**Title of project or activity**			
1.2.	**Principal investigator/responsible person**			
1.3.	**School/Institute/Service**			
1.4.	**Location of work** building and room numbers			
1.5.	**Brief description of work activity**			
1.6.	**Date of assessment**	dd/mm/yyyy	**1.7. Revision date***	dd/mm/yyyy

Section 2: Emergency Quick Reference

The purpose of this section is to provide easy access to emergency information. A full assessment of risk will be provided in the next sections and **completing this section last is advisable.**

2.1. Emergency contacts One of these should be the PI/responsible person Security can be contacted on extension 6666	**Name:**		
	Position:		
	Telephone number:		

2.2. Hazard pictograms – select all that apply to the work activity.

 *Health hazard*	 *Toxic*	 *Corrosive*	 *Harmful/ Irritant*	 *Flammable*	 *Oxidising*	 *Explosive*	 *Compressed gas*	 *Danger for the environment*

2.3. Name of hazard	**2.4. Properties of hazard** Briefly describe how the chemical is hazardous e.g. toxic, flammable, carcinogen	**2.5. Emergency procedures** Include, as appropriate, procedures for: • Contained Spill • Small uncontained spill, • Large uncontained spill • First aid • Fire

Additional rows can be added to this table as required

Section 3: The Risk Assessment

Additional rows can be added to this table as required

3.1. Name of hazard including substances and by-products produced during or as a result of the activity.	**3.2. Properties of hazard** Provide details of how the substance could cause harm. Useful sources of information are the safety data sheet for the substance, Hazard (H) statements (give the whole phrase not just the code), and the workplace exposure limit.	**3.3. Physical form** e.g. powder, dust, granular, pellet, liquid, solution, gas.	**3.4. Quantity and concentration** (give units)	**3.5. Frequency of use** e.g. daily, weekly, monthly, one-off.	**3.6. Route of exposure** e.g. ingestion, inhalation, skin/eye contact, skin absorption, injection/sharps injury.
3.7 Carcinogens All carcinogens and users of carcinogens should be notified to OHSS using the following link http://www.ncl.ac.uk/ohss/chemical/carcinogens.htm					

3.8. Dangerous Substances and Explosive Atmospheres (DSEAR)	**Yes**	**No**
Are you carrying out an activity/chemical reaction that is at risk of thermal runaway or explosion?		
Will the activity involve handling or storage of pyrophoric or unstable substances such as peroxide?		
Will flammable vapours, solid particles, fibrous particles etc. capable of forming an explosive atmosphere be present in the working atmosphere?		

3.9. Who might be at risk? (tick all that apply)	**Staff**	**Postgraduates**	**Undergraduates**	**New or expectant mothers** (Contact Occupational Health)	**Contractors**	**Public including visitors and children**

3.10. Assessment of inherent risk to human health prior to the use of controls (please use the risk assessment matrix at the end of this form)	**High**	**Medium**	**Medium/low**	**Low**

Section 4: Controls

Specify for <u>each hazard</u> identified in section 3. Precautionary (P) statements are a useful source of information.	
4.1. Physical or Engineering Controls. LEV, fume hood, glove box, total containment etc. **Specify at which point in the work activity they are to be used.**	
4.2. Administrative controls Training requirements, access control, signage.	
4.3 Personal Protective Equipment. Respirators, safety specs, face mask, lab coat, gloves etc. **Specify which type and when they are to be worn.**	
4.4. Storage requirements Include a description of how hazardous substances including flammable materials will be stored. Describe how incompatible materials will be segregated.	
4.5. Transport of the hazardous substance Describe how you will transport substances between laboratories or different university sites.	
4.6. Disposal procedures Carefully consider the safest means of disposal and identify when waste should be disposed of by a chemical waste contractor	

	Yes	**No**	**Describe the findings of exposure monitoring or health surveillance**
4.7. Is exposure monitoring required? For example if you suspect that exposure to a chemical exceeds the workplace exposure limit. Contact OHSS for further advice			
4.8. Is health surveillance required? See Occupational Health surveillance policy and programme. Contact Occupational Health for further advice			

4.9. Assessment of residual risk to human health after the application of controls (please use the risk assessment matrix at the end of this form)	**High**	**Medium**	**Medium/low**	**Low**

Section 5: Approval

I confirm that this is a suitable and sufficient risk assessment for the above described work activity	**Name**	**Signature**	**Date**
Principal Investigator/responsible person			
Dean of the School / Director of Research Centre (or equivalent)			

Risk estimation matrix Use this to complete sections 2.10 and 3.10

Severity of Harm	**Likelihood of harm**		
	High	**Medium**	**Low**
Severe	High	High	Medium
Moderate	High	Medium	Medium/low
Minor	Medium/low	Low	Low

Please keep a record of this risk assessment

***Review of assessment**

This assessment should be reviewed every 2 years and immediately if there is reason to believe that it is no longer valid (e.g. after an accident/incident), if there is a significant change in the work activity to which it relates or if the results of monitoring or health surveillance indicate it to be necessary.