Loughborough University CBE



Safety Documentation

Please select the forms you require by selecting the check boxes below. You can select more than one.				
Method Statement ☐ Risk Assessment ✓ Chemicals COSHH				
Once you have made your selections, scroll down and complete the forms.				
Buttons : [+] will add a row to a list [X] will delete a row from a list				
You may save this file to a local drive at any time. When you have finished, save the file to a local drive and email it to your supervisor for authorisation.				
<u>Supervisors</u> - There is a sign-off section at the end of the document set that must be completed.				
Staff may "self authorise", (as a supervisor), but the forms must still be submitted to the DSO for approval.				

IMPORTANT:

YOU <u>MUST NOT</u> START ANY PRACTICAL WORK UNTIL THESE FORMS HAVE BEEN RETURNED TO YOU WITH **BOTH** YOUR SUPERVISOR'S AND DSO'S APPROVAL SIGNATURES ATTACHED.

Please complete these fields				
School or Service	Wolfson School of Mechanical, Electrical and Manufacturing Engineering			
Department	CBE			
Originator name	Janelle Tarum, Yu Xiang, Alexandra Stolzing			
email address	j.tarum@lboro.ac.uk			
Location	H25, H27, H34			
Project / Activity / 1	ask Wellcome Project: A volatilome-based signature for age-related recovery & resilience			
Supervisor Name	Alexandra Stolzing			

Version: 2.32

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CBE



COSHH Form

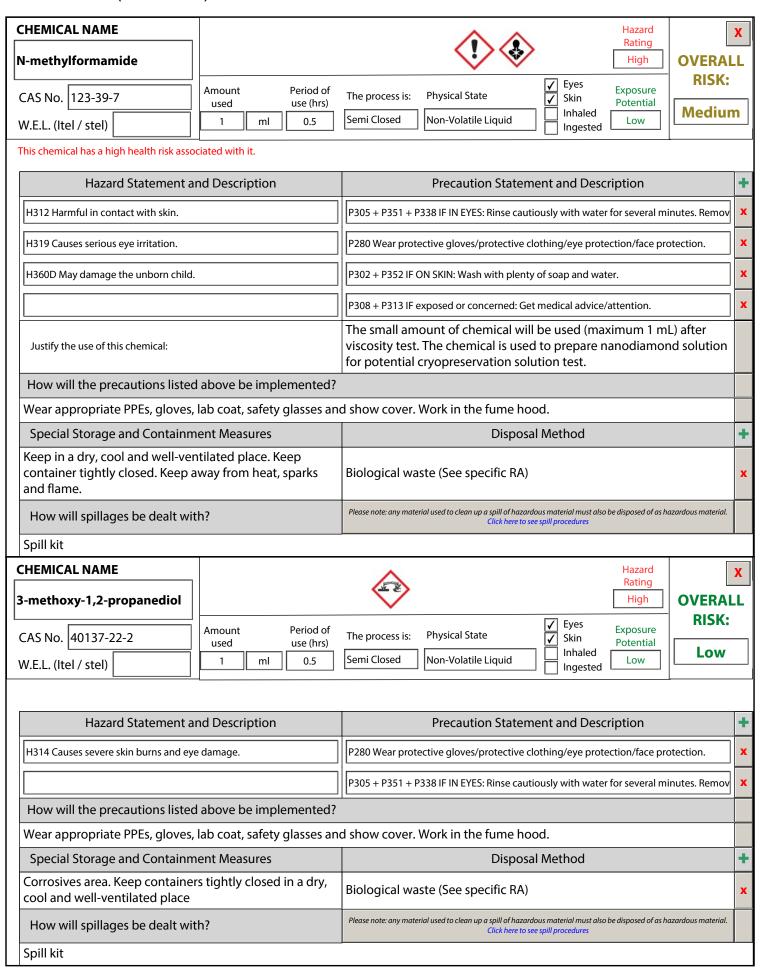
Reference

SAF/MEME/2336 - 2342

H25, H27, H34 Location Originator Janelle Tarum, Yu Xiang, Alexandra S

roject / Activity / Task Wellcome Project: A volatilome-based signature for age-related recovery & resilience						
CHEMICAL NAME cDNA synthesis and PCR kit CAS No. W.E.L. (Itel / stel)	Amount Period of used use (hrs) 0.01 ml 0.5	The process is: Physical State Semi Closed Non-Volatile Liquid Hazard Rating High V Eyes Skin Inhaled Ingested Low Low Low				
Hazard Statemen	nt and Description	Precaution Statement and Description				
H410 Very toxic to aquatic life with	long lasting effects.	P280 Wear protective gloves/protective clothing/eye protection/face protection.				
H400 Very toxic to aquatic life.		P261 Avoid breathing dust/fume/gas/mist/vapours/spray.				
H302 Harmful if swallowed.		P262 Do not get in eyes, on skin, or on clothing.				
H315 Causes skin irritation.		P234 Keep only in original container.				
H318 Causes serious eye damage.						
How will the precautions lis	ted above be implemented?					
Wear the correct PPE. Ensure adequate ventilation. Work under the Chemical Fume hood. Use small aliquots. Avoid spillages Keep the work surface clean and organized. Only small amounts of chemicals will be used (<1ml).						
Special Storage and Contai	nment Measures	Disposal Method				
Must be stored in a room ter correctly labelled.	mperature in the Kit,	Aqueous waste - dispose via appropriate chemical waste stream (SOP039)				
How will spillages be dealt	with?	Please note: any material used to clean up a spill of hazardous material must also be disposed of as hazardous material. Click here to see spill procedures				
Other - Chemical Spill Kit. SC)P039					
CHEMICAL NAME Pierce™ Rapid Gel Clot Endotoxin Assay Kits CAS No. Mount used use (hrs) W.E.L. (Itel / stel) O.01 ml 1		The process is: Physical State Semi Closed Non-Volatile Liquid Hazard Rating Low OVERA RISK: Potential Inhaled Ingested Low Low Low				
Hazard Statement and Description		Precaution Statement and Description				
No Hazard Statements applicable		No Precaution statements applicable				
How will the precautions lis	ted above be implemented?					
N/A						
Special Storage and Contai	nment Measures	Disposal Method				
Store at 2-8 °C fridge in the k	(it with correctly labelled.	Biological waste (See specific RA)				

How will spillages be dealt with?		th?	Please note: any material used to clean up a spill of hazardous material must also be disposed of as hazardous material. Click here to see spill procedures				
	Spill kit						
(CHEMICAL NAME		Hazard	X			
ŀ	Formamide	Rating High OVERAI					
	CAS No. 75-12-7	Amount Period of used use (hrs)	The process is: Physical State Eyes Exposure Potential Inhaled Medium	<u></u>			
,	W.E.L. (Itel / stel)	1 ml 0.5	Semi Closed Volatile Liquid Ingested Low	<u> </u>			
	This chemical has a high health risk asso	ciated with it.	-				
	Hazard Statement a	nd Description	Precaution Statement and Description	+			
	H351 Suspected of causing cancer.		P201 Obtain special instructions before use.	x			
	H360FD May damage fertility. May dar	mage the unborn child.	P280 Wear protective gloves/protective clothing/eye protection/face protection.	x			
	H373 May cause damage to organs the	rough prolonged or repeated ex	P308 + P313 IF exposed or concerned: Get medical advice/attention.	x			
	Justify the use of this chemical:		The small amount of chemical will be used (maximum 1 mL) after viscosity test. The chemical is used to prepare nanodiamond solution for potential cryopreservation solution test.				
	How will the precautions listed	d above be implemented?					
	Wear appropriate PPEs, gloves,	lab coat, safety glasses an	d show cover. Work in the fume hood.				
Special Storage and Containment Measures Keep containers tightly closed in a dry, cool and well-ventilated place.		nent Measures	Disposal Method				
		in a dry, cool and well-	Biological waste (See specific RA)				
How will spillages be dealt with?		th?	Please note: any material used to clean up a spill of hazardous material must also be disposed of as hazardous material. Click here to see spill procedures				
	Spill kit						
(CHEMICAL NAME		Hazard	X			
l	Ethylene glycol	Rating High		ī			
	CAS No. 107-21-1 W.E.L. (Itel / stel)	Amount Period of used (hrs) 1 ml 0.5	The process is: Physical State	n			
			E 5				
	Hazard Statement	nd Doscription	Precaution Statement and Description +				
Hazard Statement and Description		na Description	Precaution Statement and Description				
H302 Harmful if swallowed.			P280 Wear protective gloves/protective clothing/eye protection/face protection.				
H373 May cause damage to organs through prolonged or repeated ex		rough prolonged or repeated ex	P301 + P310 IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.				
How will the precautions listed above be implemented?		d above be implemented?					
Wear appropriate PPEs, gloves, lab coat, safety glasses an		lab coat, safety glasses an	d show cover. Work in the fume hood.				
Special Storage and Containment Measures			Disposal Method				
Keep containers tightly closed in a dry, cool and well- ventilated place. Keep away from heat, sparks and flame			Biological waste (See specific RA)				
How will spillages be dealt with?		th?	Please note: any material used to clean up a spill of hazardous material must also be disposed of as hazardous material. Click here to see spill procedures				
	Spill kit						



CHEMICAL NAME				Hazard Rating	X
Polyvinyl pyrrolidone average M.W. 3500 K12				Low	OVERALL
	Amount Period of used use (hrs)	The process is: Physic	Eyr cal State Sk	Exposure	RISK:
W.E.L. (Itel / stel)	0.2 g 0.5	Semi Closed Lyoph	ilised Solid	haled Low	Low
	15				
Hazard Statement and	Description	Prec	caution Statement and	Description	+
No Hazard Statements applicable		No Precaution statemer	nts applicable		X
How will the precautions listed a	bove be implemented?				
N/A					
Special Storage and Containment	nt Measures		Disposal Metho	od	+
Keep in a dry, cool and well-venti container tightly closed. Protect f		Biological waste (Se	e specific RA)		x
How will spillages be dealt with	?	Please note: any material used to	clean up a spill of hazardous material Click here to see spill procea		azardous material.
Spill kit					31
	+ Ad	d another chemical			
Statement of work (Process to be undertaken) Show image					
Personal protection requirements r	not covered in the preca	ution statements abo	ove.		
If Inhaled Remove to fresh air and monitor breathing. If breathing becomes difficult, give oxygen. If breathing stops, give artificial respiration. Consult a doctor. In Case of Skin Contact Immediately wash skin with copious amounts of soap and water for at least 15 minutes. Remove contaminated clothing and shoes and wash before reuse. Consult a doctor. In Case of Eye Contact Flush with copious amounts of water for at least 15 minutes. Consult a doctor. If Swallowed Rinse mouth with water. Do not induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Consult a doctor.					
Sources of information and referen	ces		Reference to existin	1g approved Risl	k Assessment
https://www.bioline.com/mwdownloads/download/link/id/3084/					
https://www.bioline.com/mwdownloads/download/link/id/2889/ https://www.thermofisher.com/document-connect.html?url=https://assets.thermofisher.com/TFS-Assets%2FLSG% 2FSDS%2F1897574_MTR-EULT_BE.pdf https://assets.thermofisher.com/DirectWebViewer/private/document.aspx? prd=ACR32723~~PDF~~MTR~~CLP1~~EN~~2023-10-01% 2009:22:56~~Formamide~~ https://assets.thermofisher.com/DirectWebViewer/private/document.aspx? prd=ACR14675~~PDF~~MTR~~CLP1~~EE~~2023-09-22% 2014:01:57~~Ethylene%20glycol~~ https://assets.thermofisher.com/DirectWebViewer/private/document.aspx? prd=ALFAAL03908~~PDF~~MTR~~CLP1~~EN~~2024-02-21%					

2012:15:56~~N-Methylformamide~~

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With the current controls, the risk of using these chemicals is: Medium

Supervisor to check that the process involving the safe use of these chemicals has been satisfactorily evaluated

Loughborough University CBE



Supervisor and Departmental Safety Office (DSO) Sign-off.

Supervisors

Please check the documents above and if you want to approve them:

- 1) Electronically sign this document
- 2) Save it to a local drive (You will be prompted to do this)
- 3) eMail the signed document to the DSO.

DSO

Please review the documents above and if you want to approve them:

 Enter the reference numbers Electronically sign this Save it to a local drive eMail the signed document 	umbers as appropriate s document (You will be prompte	d to do this)	ove them.		
IF YOU DO NOT WA Please do not sign the fo by email stating why and	rm, but click the "Not A	Approved" check-box and		-	Not Approved
Supervisors Signature					
	F	orm Reference Nu	ımhers		
Risk Assessment		Method Statement		COSHH Assess	
DSO Signature					
This document set mu 1) After the first occurrence 2) After any change to the p	of the activity describe	ed above (Review only)	ne following tin	nes:	
3) After any incident resultir4) At least annually from the	ng from this activity		Ne	ext Review:	27/03/2025
Review comments					

-1	
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