Loughborough University Centre for Biological Engineering



Safety Documentation

Please select the forms you re You can select more than one	equire by selecting the check boxes s.	s below.						
Risk Assessment	Method Statement	✓ 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 sec	tion at the end of the document set that	must be completed.						
Staff may "self authorise", (as a su	upervisor), but the forms must still be s	ubmitted 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	Centre for Biological Engineering					
Originator name	Sotiria Toumpaniari					
email address	s.toumpaniari@lboro.ac.uk					
Location	CTMF, H34					
Project / Activity /	Task Hematoxylin and eosin staining of biological samples					
Supervisor Name	Prof Sotiris Korossis					

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SAF/300

Reference

COSHH Form

Location	CTMF, H3	4		Originator Sotiria Toumpaniari					
Project / Activity / Task	Hematox	Hematoxylin and eosin staining of biological samples							
CHEMICAL NAME				^		Hazard	Х		
Hematoxylin Solution, Mayer's- 2,2,2-		· · · · · · · · · · · · · · · · · · ·			OVERALL				
CAS No. 302-17-0 W.E.L. (Itel / stel)		Amount Period of used use (hrs)	The process is: Physica	l State	Eyes Skin	Exposure Potential	RISK:		
		10 ml 0.1 Semi Closed Non-Volatile Liquid Inhaled Low Ingested Low					Low		
		1				<u>L</u>			
Hazard Statement and Description		Precaution Statement and Description +							
H302 Harmful if swallowed.		P301 + P312 IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unw							
No Hazard Statements applicable		P330 Rinse mouth.							
How will the precauti	ions listed	above be implemented?							
Wear nitrile gloves, lal	b coat and	l goggles- when solutions	are used outside the	fume hood.					
Special Storage and	Special Storage and Containment Measures Disposal Method						+		
Store in cool place. Keep container tightly closed in a dry and well-ventilated place. Air and light sensitive.			Halogenated (Chlorinated) solvent waste						
How will spillages be	dealt wit	h?							
Use available spill kit. S	Soak up w	ith inert absorbent materi	ial and dispose of as	hazardous was	ste. Keep in su	uitable, close	d containe		
		+ Ad	d another chemical						
Statement of work (Pro	ocess to b	e undertaken)							
Hematoxylin is to be us	sed to stai	n tissues sections during t	the procedure of usir	ng the Hemato	xylin- Eosin s	taining.	Show Image		
Personal protection requirements not covered in the precaution statements above.									
Appropriate clothing (long trousers and skirts), closed shoes									
Sources of information and references Reference to <u>existing approved</u> Risk Assessment									
https://www.sigmaaldrich.com/MSDS/MSDS/DisplayMSDSPage.do? country=GB&language=en&productNumber=MHS1&brand=SIGMA&PageTo GoToURL=https%3A%2F%2Fwww.sigmaaldrich.com%2Fcatalog% 2Fproduct%2Fsigma%2Fmhs1%3Flang%3Den									
With the current controls, the risk of using these chemicals is: Low									

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

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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:

- 1) Enter the reference numbers as appropriate
- 2) Electronically sign this document
- 3) Save it to a local drive (You will be prompted to do this)
- 3) eMail the signed document to the originator

IF YOU DO NOT WANT TO AUTHORISE THE FORMS, Not Approved Please do not sign the form, but click the "Not Approved" check-box and return it to the originator by email stating why and what you expect them to do to put it right in the comments box below. Supervisors Signature Form Reference Numbers Method Statement COSHH Assessment Risk Assessment SAF/300 **DSO Signature** This document set must be reviewed and re-approved at the following times: 1) After the first occurrence of the activity described above (Review only) 2) After any change to the procedure or reagents used 3) After any incident resulting from this activity **Next Review:** 4) At least annually from the date of approval **Review comments**

Sotiria Toumpaniari 10-Jun-2019 Page 2 of 2