

## Safety Documentation

Please select the forms you require by selecting the check boxes below.  
You can select more than one.

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    [- ] 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.

**Supervisors** - 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 **MUST NOT** 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
Project / Activity / Task	Histological staining of biological samples
Supervisor Name	Prof Sotiris Korossis




### COSHH Form

Reference

Location

Originator

Project / Activity / Task

<b>CHEMICAL NAME</b>								Hazard Rating <b>High</b>	<b>OVERALL RISK:</b> <b>Medium</b>
<b>Xylene</b>	CAS No. <input type="text" value="1330-20-7"/>	Amount used <input type="text" value="10"/> <input type="text" value="ml"/>	Period of use (hrs) <input type="text" value="0.2"/>	The process is: <input type="text" value="Closed"/>	Physical State <input type="text" value="Volatile Liquid"/>	<input checked="" type="checkbox"/> Eyes	<input checked="" type="checkbox"/> Skin	Exposure Potential <b>Low</b>	
W.E.L. (Itel / stel) <input type="text"/>						<input checked="" type="checkbox"/> Inhaled	<input checked="" type="checkbox"/> Ingested		

Hazard Statement and Description	Precaution Statement and Description	
H226 Flammable liquid and vapour.	P210 Keep away from heat/sparks/open flames/hot surfaces. — No smoking.	X
H304 May be fatal if swallowed and enters airways.	P260 Do not breathe dust/fume/gas/mist/vapours/spray.	X
H312 + H332 Harmful in contact with skin or if inhaled.	P280 Wear protective gloves/protective clothing/eye protection/face protection.	X
H315 Causes skin irritation.	P301 + P310 IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.	X
H319 Causes serious eye irritation.	P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove	X
H335 May cause respiratory irritation.	P370 + P378 In case of fire: Use ... for extinction.	X
H373 Causes damage to organs through prolonged or repeated expos	No Precaution statements applicable	X

How will the precautions listed above be implemented?  
Wear PPE- nitrile gloves, lab coat and goggles. Label the waste bottle and treat it as cytotoxic waste (yellow and purple bags).

Special Storage and Containment Measures	Disposal Method	
Store in cool place. Keep container tightly closed in a dry and well-ventilated place. Containers which are opened must be carefully resealed and kept upright to prevent leakage.	Hydrophylic organic solvent waste	X

How will spillages be dealt with?  
Use spill kit. Contain spillage, and then collect by mopping and place in container for disposal as cytotoxic waste.

[+ Add another chemical](#)

Statement of work (Process to be undertaken)  
  
[Show Image](#)

Personal protection requirements not covered in the precaution statements above.

## COSHH Form (Continued)

Sources of information and references

<https://www.sigmaaldrich.com/MSDS/MSDS/DisplayMSDSPage.do?country=GB&language=en&productNumber=534056&brand=SIGALD&PageToGoToURL=https%3A%2F%2Fwww.sigmaaldrich.com%2Fcatalog%2Fproduct%2Fsigald%2F534056%3Flang%3Den>

Reference to **existing approved** Risk Assessment

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

## 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,

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.

Not Approved

Supervisors Signature

### Form Reference Numbers

Risk Assessment

Method Statement

COSHH Assessment

SAF/301

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
- 4) At least annually from the date of approval

Next Review:

Review comments