

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, H34
Project / Activity / Task	Hematoxylin and eosin staining of biological samples
Supervisor Name	Prof Sotiris Korossis


COSHH Form

Reference

Location

Originator

Project / Activity / Task

CHEMICAL NAME				Hazard Rating		OVERALL RISK: Low
Hematoxylin Solution, Mayer's- 2,2,2-				Medium		
CAS No.	<input type="text" value="302-17-0"/>	Amount used	Period of use (hrs)	The process is:	Physical State	Exposure Potential <input type="text" value="Low"/>
W.E.L. (Itel / stel)	<input type="text"/>	<input type="text" value="10"/> ml	<input type="text" value="0.1"/>	<input type="text" value="Semi Closed"/>	<input type="text" value="Non-Volatile Liquid"/>	
				<input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Inhaled <input checked="" type="checkbox"/> Ingested		

Hazard Statement and Description	Precaution Statement and Description	
<input type="text" value="H302 Harmful if swallowed."/>	<input type="text" value="P301 + P312 IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell."/>	+
<input type="text" value="No Hazard Statements applicable"/>	<input type="text" value="P330 Rinse mouth."/>	+
How will the precautions listed above be implemented?		
<input type="text" value="Wear nitrile gloves, lab coat and goggles- when solutions are used outside the fume hood."/>		
Special Storage and Containment Measures	Disposal Method	+
<input type="text" value="Store in cool place. Keep container tightly closed in a dry and well-ventilated place. Air and light sensitive."/>	<input type="text" value="Halogenated (Chlorinated) solvent waste"/>	+
How will spillages be dealt with?		
<input type="text" value="Use available spill kit. Soak up with inert absorbent material and dispose of as hazardous waste. Keep in suitable, closed container."/>		

[+ Add another chemical](#)

Statement of work (Process to be undertaken)

[Show Image](#)

Personal protection requirements not covered in the precaution statements above.

Sources of information and references

Reference to **existing approved** Risk Assessment

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

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/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
- 4) At least annually from the date of approval

Next Review:

Review comments