

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	School of Aeronautical, Automotive, Chemical and Materials Engineering
Department	Department of Chemical Engineering
Originator name	Jenna Davis
email address	j.davis@lboro.ac.uk
Location	CBE
Project / Activity / Task	Investigating fish oils and antimicrobials
Supervisor Name	Dr Elizabeth Ratcliffe

COSHH Form

Reference

Location

Originator

Project / Activity / Task

CHEMICAL NAME						Hazard Rating		<input type="text" value="X"/>	
Carbonyl cyanide 3-chlorophenylhydrazone						<input type="text" value="High"/>		OVERALL RISK:	
CAS No.	<input type="text" value="555-60-2"/>	Amount used	<input type="text" value="0.25"/> <input type="text" value="g"/>	Period of use (hrs)	<input type="text" value="1"/>	The process is:	<input type="text" value="Semi Closed"/>	Physical State	<input type="text" value="Dusty Solid"/>
W.E.L. (Itel / stel)	<input type="text"/>							<input checked="" type="checkbox"/> Eyes <input checked="" type="checkbox"/> Skin <input checked="" type="checkbox"/> Inhaled <input checked="" type="checkbox"/> Ingested	Exposure Potential <input type="text" value="Low"/>
									Medium

Hazard Statement and Description	Precaution Statement and Description	
H301 + H311 + H331 Toxic if swallowed, in contact with skin or if inhaled	P280 Wear protective gloves/protective clothing/eye protection/face protection.	<input type="text" value="X"/>
H315 Causes skin irritation.	P301 + P310 IF SWALLOWED: Immediately call a POISON CENTER or doctor/physician.	<input type="text" value="X"/>
H319 Causes serious eye irritation.	P330 Rinse mouth.	<input type="text" value="X"/>
H335 May cause respiratory irritation.	P304 + P340 IF INHALED: Remove victim to fresh air and keep at rest in a position comfortable for breathing.	<input type="text" value="X"/>
	P305 + P351 + P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.	<input type="text" value="X"/>
How will the precautions listed above be implemented?		
All work will be performed within the BSC so ability to inhale or ingest the substance is greatly reduced, and the window will reduce the risk of exposure to the eyes. Lab coats and gloves will be worn at all times to protect the skin from exposure. CCCP will be added to broth and so in liquid format during its use.		
Special Storage and Containment Measures	Disposal Method	
Store at -20C	Chemical will be used in solution of bacteria, waste solution will be added to 1:20 chemgene and left for 24 hours, then bottled and disposed of via the cytotoxic waste route	<input type="text" value="X"/>
How will spillages be dealt with?	<i>Please note: any material used to clean up a spill of hazardous material must also be disposed of as hazardous material.</i> Click here to see spill procedures	
Absorbent cloth / tissue		

[+ Add another chemical](#)

Statement of work (Process to be undertaken)

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: **Medium**

COSHH Form (Continued)

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

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