

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 [-] 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	Oliver George Frost
email address	o.g.frost@lboro.ac.uk
Location	CBE Labs
Project / Activity / Task	Conversion of RNA to cDNA for PCR
Supervisor Name	Prof Rob J Thomas


COSHH Form

Reference

Location

Originator

Project / Activity / Task

CHEMICAL NAME						Hazard Rating <input type="text" value="Medium"/>		OVERALL RISK: Low		
<input type="text" value="Primescript RT Master Mix, contains Potassium Chloride"/>						Exposure Potential <input type="text" value="Low"/>				
CAS No.	<input type="text" value="7447-40-7"/>	Amount used	<input type="text" value="0.4"/> <input type="text" value="ml"/>	Period of use (hrs)	<input type="text" value="0.1"/>	The process is:	<input type="text" value="Semi Closed"/>	Physical State	<input type="text" value="Lyophilised Solid"/>	<input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Inhaled <input checked="" type="checkbox"/> Ingested
W.E.L. (Itel / stel)	<input type="text"/>									

Hazard Statement and Description	Precaution Statement and Description	
H302 Harmful if swallowed.	P264 Wash ... thoroughly after handling.	+
	P301 + P312 IF SWALLOWED: Call a POISON CENTER or doctor/physician if you feel unwell.	x
	P270 Do not eat, drink or smoke when using this product.	x
	P330 Rinse mouth.	x
	P501 Dispose of contents/container to ...	x
How will the precautions listed above be implemented?		
The work will occur on ice. PPE will be worn (gloves, lab coat, shoe covers). Very small amounts of 4-8ul will be used and care taken when pipetting.		
Special Storage and Containment Measures	Disposal Method	
Store at -20C.	Biological waste to be disposed of in accordance with SOP003.	+
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. Click here to see spill procedures</i>	x
Absorbant cloth/tissue in accordance with SOP039.		

[+ 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: **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

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