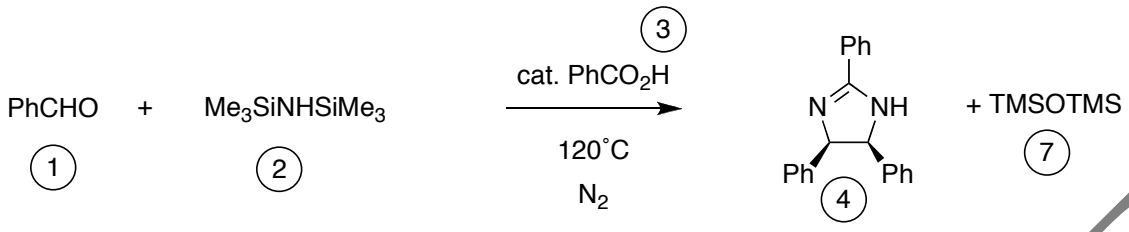
Reaction Risk Assessment Form. **Reaction number: *JXB001***

Write your reaction here including work-up and purification method (*e.g.* chromatography). Use the form below to risk assess ALL associated reaction and process conditions (*e.g.* heating, cooling, vacuum), particular hazards (*e.g.,* exotherm, gas evolution, flooding, asphyxiation, burns - hot or cold, explosion), quench procedures, and waste disposal as well as the chemicals to be used, including your expected product, solvents, and known byproducts.



Purification: Recrystallisation from toluene/diethyl ether (5) (6)

Compound	FW	d	Quantity	mmols	equiv	Chemical hazards and routes of exposure: Route of exposure: 1 Inhalation; 2. Skin/eye contact; 3 Swallowing	Carcinogen, teratogen, mutagen	Very toxic / toxic	Harmful/irritant	Explosive	Pyrophoric	Highly flammable, flammable	Oxidising	Corrosive	Lachrymator	Other (specify): *Burns*
1	*106.1*	*1.044*	*96 mL*	*950*	*1*	*3*			*X*							
2	*161.4*	*0.765*	*240 mL*	*1150*	*1.1*	*2,3*			*X*			*X*				*x*
3	*122.0*	-	*575 mg*	*4.7*	*0.005*	*1,2,3*			*X*							
4	*298.4*	-	*Expected ca 60 g*	*191*	*n/a*	*1,2,3*		*x*	assume toxic							
5	*n/a*	*n/a*	*~500 mL*	*n/a*	*n/a*	*1*			*X*			*X*				
6	*n/a*	*n/a*	*~500 mL*	*n/a*	*n/a*	*1,3*			*x*			*x*				

Repeat experiment (this book only - please circle one) No / Yes (previous assessment on page:)

New experiment (Please circle one): Category: **A** **B** **C** **D**

Standard protocol followed? (Please give reference) *Adv. Synth. Catal.* ***2006****, 348, 911-916.*

Reaction conditions and associated processes (heat, cooling, pressure, vacuum *etc*) and hazards:
(Refer to general risk assessments on Departmental safety website)

Extended heating in oil bath (24 hr); overnight cooling with condenser – risk of flooding; rotavap

Control Measures: (please tick boxes)				
	Safety glasses: ✓	Lab coat: ✓	Fume hood: ✓	Safety screen:
	Gloves (type):	Nitrile: ✓	Marigolds:	Other:
	Scrubbing train (type):		Other:	

Are specific emergency procedures necessary for this process: Yes/No If Yes, give details:

Reaction and/or reagent quench: N/a
(Give quench type and possible hazard)

Waste disposal: Chlorinated Waste Hydrocarbon Waste (5) (6) (7) Silica Waste Other (specify):
(circle as appropriate)

Co-worker signature: *JOE BLOGGS* Designated Supervisor Signature: *PROFESSOR BLOGGS*
Date: 08/08/08 Date: 08/08/08