

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

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.

Chemical hazards and routes of exposure

Compound	FW	d	Quantity	mmols	equiv	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):

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

New experiment (Please tick one):

Category:

A

B

C

D

Standard protocol followed? (Please give reference)

Reaction conditions and associated processes (heat, cooling, pressure, vacuum *etc*) and hazards:

(Refer to general risk assessments on Departmental safety website)

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:

(Give quench type and possible hazard)

Waste disposal: Chlorinated Waste

Hydrocarbon Waste

Silica Waste

Other (specify):

(circle as appropriate)

Co-worker signature:

Designated Supervisor Signature:

Date:

Date:

