University of Melbourne
Chemical Hazard Risk Assessment Form

Title of Experiment:

Reaction hazards *(Chemicals, equipment & apparatus)*

MSDSs for the substance/s read and understood ☐

Fire/explosion risk ☐	Flammable liquid ☐	Asphyxiant ☐	Air sensitive ☐	Hot liquids ☐
Gas release/high pressure reaction ☐	Corrosive ☐	Stench ☐	Moisture sensitive ☐	Ignition sources ☐
Known human carcinogen/mutagen ☐	Toxic ☐	Biological ☐	Security sensitive ☐	UV/X-ray/Laser ☐
Hazardous to the environment ☐	Oxidiser ☐	Radioactive ☐	Cryogens ☐	Use of stills ☐
Prolonged reaction ie >8 hrs (Fatigue & Supervision must be considered) ☐	Reproductive hazard (Teratogen) ☐	Sensitiser/ Irritant ☐	Electrical hazard ☐	Endo-Exothermic ☐

Additional Safety Implications (specify):

Likelihood	Consequence
A Almost certain	1 Insignificant
B Likely	2 Minor
C Possible	3 Moderate
D Unlikely	4 Major
E Rare	5 Extreme

LIKELIHOOD

	CONSEQUENCES 1	2	3	4	5
A	M	H	H	VH	VH
B	M	M	H	H	VH
C	L	M	H	H	H
D	L	L	M	M	H
E	L	L	M	M	H

Identified hazards *(from above)*	***Risk Assessment*** *Likelihood (L)*	*Consequence (C)*	***Risk score*** *L x C*

VH = Very High
H = High
M = Medium
L = Low

Control Measures

Safety glasses ☐ Fume hood ☐ Face mask…… ☐ Safety shield ☐

Goggles ☐ Lab coat ☐ Respirator…… ☐ Other…… ☐

Full face mask ☐ PC2/3 lab ☐ Schlenk line/closed vessel ☐ ……

Gloves: Latex ☐ Nitrile ☐ PVC ☐ Rubber ☐ Neoprene ☐ PVA ☐ Barrier ☐ Thermal ☐ Other ☐ Specify:

Specify prevention, control or containment for any items selected above, incl method for containing/neutralising spills:

Do you need to fill out an Apparatus Running Outside Working Hours form? ☐

Additional Emergency Procedures

Neutralising agent ☐ Restrict access to area ☐ Special first aid requirements ☐ (specify): Other (specify):

Waste Disposal *– Refer to University Waste Disposal Procedures*

Water Soluble ☐ Water Insol. ☐ Acid/pyridine ☐ Sharps ☐

Chlorinated ☐ Biohazard ☐ Non-hazardous ☐ Silica/filteraid ☐

Cytotoxic ☐ Radioactive ☐ Other (specify):

Management of End Product. Is the compound sensitive to:

Light ☐ Temperature ☐ Time ☐ Air ☐ Moisture ☐

Shock/vibration ☐ Other ☐ Specify:……

Specify control measures if yes to any of the above:

Name of Assessor:

Name of Co-signatory:

…… Signed	……/……/…… Dated	…… Signed	……/……/…… Dated

Date:	Ref:	Continued from page:

Experiment:

Substances Used	*MW*	*mmol*	*Density*	*Mass*	*Vol*	*Hazards*

Name of Assessor:		Name of Co-signatory:		Continued on page:
…… Signed	…./……/…. Dated	…… Signed	…./……/…. Dated	