**HAZARD AND RISK ASSESSMENT FORM**

**NAME:**

**DATE:**

**WORKBOOK AND PAGE REFERENCE:**

**NOTES**

1) Assess **Risk Class** for each reagent, process and product as per sections 4.3 & 4.4 of the Safety Handbook. Use numbers 1-4.

2) Assess **Risk rating**: how likely is the hazard to hurt or injure someone and how severely? Use one abbreviation from each group: HL = Highly Likely; L = Likely; U = Unlikely; HU = Highly Unlikely AND XS = Extremely Severe; S = Severe; M = Moderate; Sl = Slight.

3) In **exceptional circumstances** a Modified Risk Class may be provided. A reason must be specified and explicitly approved by your supervisor.

4) **Procedure Class** is then the highest risk class/modified risk class attributed to any individual reagent, process or product.

5) An appropriate **Reaction Label(s)** must be generated for and physically accompany each process (except class 0).

6) If a **Scheduled Carcinogen** is being used, the University Risk Assessment for handling such chemicals must also be completed.

### REAGENTS

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Risk phrases and disposal</th>
<th>Risk Class</th>
<th>Risk Rating</th>
<th>Modified Risk Class</th>
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### PROCESSES (include distillations, purifications, rotary evaporations and solvent quantities)

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Risk phrases, Hazard or SOP that lists Hazards</th>
<th>Risk Class</th>
<th>Risk Rating</th>
<th>Modified Risk Class</th>
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### PRODUCTS/INTERMEDIATES

<table>
<thead>
<tr>
<th>Quantity</th>
<th>Risk phrases and disposal</th>
<th>Risk Class</th>
<th>Risk Rating</th>
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### EQUIPMENT USED:

- Max/Min Temp: °C
- Max/Min Pressure: bar

**HAZARD CONTROL AND SPECIAL STORAGE/WASTE DISPOSAL MEASURES:**

**USER DECLARATION:** I understand all hazardous aspects of this process. I am appropriately trained in the use and handling of all reagents and equipment identified and understand necessary precautions to take in the event of an adverse incident. I acknowledge that I **am/am not** handling chemicals belonging to a Schedule for Restricted or Prohibited Carcinogens; if I am using such a chemical, I have completed an additional more detailed University Risk Assessment for handling a scheduled carcinogen.

Name: ___________________________    Signature: ___________________________    Date: _______________

**REASON/S FOR RISK CLASS CHANGE:**

- Supervisor or Delegate's name:
- Supervisor or Delegate’s signature:
- Date:
- Floor Safety Officer’s signature
  (Class 4 procedures):

Updated February 2014