**Laboratory Project Hazard and Risk Assessment**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Submitted by:** | Name of Researcher | | **Contact (Email & Phone):** | | | Enter contact info. here | |
| **Supervisor:** | Name of Supervisor | | **Contact (Email & Phone):** | | | Enter contact info. here | |
| **Building:** | Building | **Room #:** | | Room Number | **Date:** | | Click here to enter a date. |

1. **Laymen’s explanation of process – attach diagram or image separately:**

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| Identify equipment used, purpose, and major steps in process. Use basic language (grade 8 or laymen’s language). |

1. **Primary Chemicals Required – Identify Amounts Being Handled (P – Pyrophoric, R – Reactive)**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Chemical Name** | **Gas, Liquid or Solid** | **Classify Hazards** | | | | | |
| **Toxic (Y/N)** | **Flammable (Y/N)** | **Corrosive (Y/N)** | **Oxidizer (Y/N)** | **\*P or \*R (Y/N)** | **Amount used** |
| Chemical Name | G, L, or S | Y or N | Y or N | Y or N | Y or N | Y or N | Amount |
| Chemical Name | G, L, or S | Y or N | Y or N | Y or N | Y or N | Y or N | Amount |
| Chemical Name | G, L, or S | Y or N | Y or N | Y or N | Y or N | Y or N | Amount |
| Chemical Name | G, L, or S | Y or N | Y or N | Y or N | Y or N | Y or N | Amount |

1. **Are you using nanomaterials? Y or  N - If yes, complete the UW nanomaterial Risk Assessment form:** [**Form**](https://uwaterloo.ca/safety-office/sites/ca.safety-office/files/uploads/files/nanomaterial_risk_assessment_-_final_may-20-2015.xls)
2. **Have you done a literature search for similar processes? Y or  N. Note – the Safety Office will ask about this.**
3. **Identify potential sources of risk**

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| **Type of process** | **Y/N** | **Indicate how you will minimize risk with these processes** |
| **Use of increased pressure, vacuum, cryogenics or compressed gases** | Y or N | Indicate how you will minimize risk here |
| **High voltage or increased temperatures** | Y or N | Indicate how you will minimize risk here |
| **Use of robotics/shop equipment or mechanical devices that require guarding** | Y or N | Indicate how you will minimize risk here |
| **Use of toxic, pyrophoric, or water reactive materials** | Y or N | Indicate how you will minimize risk here |

1. **All medium to high risk activities require an SOP. Work with toxic materials require emergency planning SOPs. Identify what SOPs will be created for this project in the table below.**

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| **SOP** | **Procedure available (Y or N)** | **Indicate what this SOP covers** |
| **Overall process procedure** | Y or N | If no, indicate why. If yes, indicate location of SOP |
| **Accidental release (spill or leak), and accidental exposure** | Y or N | If no, indicate why. If yes, indicate location of SOP |
| **Other** | Y or N | If no, indicate why. If yes, indicate location of SOP |

1. **Anticipated Wastes and Disposal Methods. Please include waste disposal methods in your SOPs. Guidance can be provided by clicking** [**here**](http://www.safetyoffice.uwaterloo.ca/hse/lab_safety/waste/lab_waste.html) **or call ext. 35755 for guidance.**

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| --- | --- | --- |
| **Anticipated Wastes** | **Incompatibles** | **Disposal Methods** |
| Indicate anticipated wastes | Indicate incompatible substances with wastes | Indicate disposal methods |
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1. **Identify what training will be provided and how it is documented (\*If a toxic material is used you must provide emergency specific training for it)**

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| **Training** | **Training provided (Y or N)** | **If no, indicate why** |
| **Chemical specific** | Y or N | Describe training and how it is documented |
| **Equipment specific** | Y or N | Describe training and how it is documented |
| **Process specific** | Y or N | Describe training and how it is documented. |
| **Emergency specific** | Y or N | Describe training and how it is documented |
| **Other** | Y or N | Describe training and how it is documented. |

1. **Process Review: The Principal Investigator or Supervisor of the Lab should review this sheet before work may proceed**

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| **Name of Supervisor:** | Name of Supervisor | **Position:** | Position |
| **Signature:** |  | **Date:** |  |