

GENERAL LABORATORY RISK ASSESSMENT

Date:

Submitted by:

Email:

Phone:

Supervisor:

Email:

Phone:

Work location (building & room):

1. Describe the process in Laymen's terms and attach a diagram or image before submission.

Identify the purpose, major steps, and the equipment you are using.

2. Are you using nanomaterials?

Yes No

If yes, complete the [UW Nanomaterial Risk Assessment](#).

3. Are you working with pathogenic organisms or human blood, bodily fluids, or tissues?

Yes No

If yes, review the [Biosafety Program](#).

4. Are you working with radioactive materials or x-rays?

Yes No

If yes, review the [Radiation Safety Program](#) or the [X-ray Safety Program](#).

5. Are you working with class 3B or 4 Lasers?

Yes No

If yes, review the [Laser Safety Program](#).

6. Are you working with a Designated Substance (acrylonitrile, arsenic, asbestos, benzene, coke oven emissions, ethylene oxide, isocyanates, lead, mercury, silica, or vinyl chloride)?

Yes No

If yes, contact the Safety Office for instructions before starting work.



7. Chemical Review

Chemical Name	Gas, Liquid or Solid	Flammable range	pH	Vapour Pressure	Pyrophoric or Water Reactive (Y/N)	*Frequency of use (M, W, D)	Amount used
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		
					<input type="checkbox"/> Yes <input type="checkbox"/> No		

*Frequency (M: Monthly, W: Weekly, D: Daily)

8. Based on the chemicals identified in Question 7, indicate how you intend to handle them to minimize the risk of exposure or hazardous reaction.

9. Identify potential sources of risk.

Type of process	Y/N	Indicate how you will minimize risk with these processes
Use of increased pressure, vacuum, cryogenics, or compressed gases	<input type="checkbox"/> Yes <input type="checkbox"/> No	
High voltage or increased temperatures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Use of robotics/shop equipment or mechanical devices that require guarding	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Indicate the SOPs that will be created for this project.

All medium to high-risk activities require an SOP. Work with toxic, pyrophoric, or water reactive materials require emergency planning SOPs.

SOP	Procedure available (Y or N)	Indicate what this SOP covers
Overall process procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Accidental release (spill or leak) and accidental exposure	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other:	<input type="checkbox"/> Yes <input type="checkbox"/> No	

11. List the anticipated wastes and disposal methods.

Please include waste disposal methods in your SOPs. For guidance, click [here](#) or call ext. 35755.

Anticipated Wastes	Disposal Methods

12. Identify the training required to complete the work and how it will be documented.

If a toxic material is used you must provide emergency specific training for it.

Training	Training provided	Please Explain
Chemical specific	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Equipment specific	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Process specific	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Emergency specific	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Summary

May proceed as proposed Yes No

If no, provide comments:

Supervisor Name: _____

Signature: _____

Date: _____