Risk Assessment Form

Student Name: ____________________________________________  SUID: ___________________________

Lab or Room Location: ____________________________ Date (s): ____________________________

PI/Supervisor/Instructor: ________________________________ Emergency Contact: ____________________

After hours: NO__________Yes __________ Start time: ________________ _End time: ___________________

☐ This procedure does not involve any highly hazardous materials or processes.
☐ This procedure involves work with highly hazardous materials or processes. Check appropriate category:

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**Chemical Hazards:** Working with any materials in these hazard classes requires a “buddy” to be present at all times, regardless of time of day.

- Pyrophoric Chemicals
- Water Reactive Chemicals
- Potentially Explosive Chemicals or Self reactive
- Explosive Salts
- Acutely Toxic Chemicals
- Peroxide Forming Chemicals
- Strong Corrosives
- Strong Oxidizing Agent
- Strong Reducing Agents
- Regulated Carcinogens
- Other:

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**Biological Hazards:** Working with any materials in this hazard class requires a “buddy” present at all times, regardless of time of day.

- Infectious materials
- Other

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**Process Hazards:** Specify source

- High voltage, high current
- Procedures involving high-pressure equipment [identify specific equipment]
- Transferring large quantities of hazardous materials
- Other:

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**Health and Safety Requirements:**

Can the person rescue themselves in case of an emergency? Yes □ No □

Identify the “Buddy” and confirm they are available before beginning work:

The Laboratory Emergency Plan is posted near the lab phone. □ The names and phone numbers for the lab and building contacts are up to date. □

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**Principal Investigator or Faculty Approval:**

I have reviewed the Hazard Assessment for this procedure, the tasks and hazards involved in the work, the consequences resulting from a worse-case scenario, the possibility of an accident or incident that would prevent the laboratory personnel from calling for help, the laboratory personnel’s training and experience and the time the work is to be conducted (during normal business hours versus at night or on weekends/holidays). This lab worker has permission to work alone on this procedure.

PI/Faculty Name:                                                                                                 PI/ Faculty Signature:                                                               Date: