

# 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:

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

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| <input type="radio"/> Pyrophoric Chemicals                             |
| <input type="radio"/> Water Reactive Chemicals                         |
| <input type="radio"/> Potentially Explosive Chemicals or Self reactive |
| <input type="radio"/> Explosive Salts                                  |
| <input type="radio"/> Acutely Toxic Chemicals                          |
| <input type="radio"/> Peroxide Forming Chemicals                       |
| <input type="radio"/> Strong Corrosives                                |
| <input type="radio"/> Strong Oxidizing Agent                           |
| <input type="radio"/> Strong Reducing Agents                           |
| <input type="radio"/> Regulated Carcinogens                            |
| <input type="radio"/> Other:   |

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

|  |
|--|
| <input type="radio"/> Infectious materials |
| <input type="radio"/> Other                |

**Process Hazards:** Specify source

|  |
|--|
| <input type="radio"/> High voltage, high current   |
| <input type="radio"/> Procedures involving high-pressure equipment [identify specific equipment] |
| <input type="radio"/> Transferring large quantities of hazardous materials                       |
| <input type="radio"/> Other:   |

**Health and Safety Requirements:**

|   |
|---|
| Can the person rescue themselves in case of an emergency? Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| Identify the "Buddy" and confirm they are available before beginning work:  |
| The Laboratory Emergency Plan is posted near the lab phone. <input type="checkbox"/> The names and phone numbers for the lab and building contacts are up to date. <input type="checkbox"/> |

**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: |

