

Assessment Completed by:	Date:
Location where work will occur: Bldg Room	Contact No.

Description of Task and Referenced Documentation

Research/Teaching/Maintenance Routine Task Services : Water Power Gas: N₂..... Temp°C Pressure.....

Current Controls for Risk Minimisation *Laboratory coat and enclosed footwear are mandatory*

Volume: Small / Medium / Large

Flammable <input type="checkbox"/> Use fume cupboard <input type="checkbox"/> Remove ignition sources <input type="checkbox"/> Temperature of reaction controlled at _____°C <input type="checkbox"/> Inert atmosphere using _____ <input type="checkbox"/> Static discharge protection	Toxicity/Corrosive <input type="checkbox"/> Use fume cupboard <input type="checkbox"/> Placard to indicate risk score (High → extreme) <input type="checkbox"/> Respirator Required Type _____ <input type="checkbox"/> Antidote Available/Req'd Location _____ <input type="checkbox"/> Toxic/Poison in locked storage	Body Exposure <input type="checkbox"/> Safety Glasses <input type="checkbox"/> Gloves Required Type _____ <input checked="" type="checkbox"/> Laboratory Coat <input checked="" type="checkbox"/> Enclosed footwear <input type="checkbox"/> Face shield <input type="checkbox"/> Eye Wash <input type="checkbox"/> Safety Shower	Reactivity <input type="checkbox"/> Dry atmosphere <input type="checkbox"/> Inert atmosphere <input type="checkbox"/> Blast Shield Reactivity destroyed / neutralised by: _____ Other: _____	Health <input type="checkbox"/> Use Biosafety/LAF cabinet <input type="checkbox"/> Operator awareness <input type="checkbox"/> Monitoring Required <input type="checkbox"/> Stop if allergic reaction develops <input type="checkbox"/> Avoid if pregnancy known or suspected. Other: _____
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Hazard Identification - Chemicals *List reactants & products, select applicable Hazards; rate risk with controls in place*

Hazardous Chemical Reactant/ Products	Quantity	Flammable	Toxic/Poison	Corrosive	Harmful	Irritant	Oxidising	Carcinogen	Additional Controls	Risk: Low Medium High
1										
2										
3										
4										
5										
6										

Hazard Identification - Equipment & Experiment Design

Hazard	Additional Controls (rate risk with these controls in place)	Risk: L M H
7		
8		

Further Risk Control Measures *For each control, specify hazard number if risk score medium, high or extreme*

Disposal of hazardous waste using Hazardous Waste Store (Bldg 15) – segregated by DG class and compatibility Using GMOs under Exempt Dealings

Refer to the [Working With Hazardous Chemicals & Dangerous Goods Guidelines](#) (Hierarchy of controls - Section 5.7 of [Risk Management guidelines](#))

Risk Score and Approval

Significant Risk but adequate controls in place (ie. low/medium)

NB: If you cannot tick this box and the risk is UNCONTROLLED or UNKNOWN, further ASSESSMENT is required and the experiment should NOT proceed.

Experiment Approved: _____ Date: _____
Supervisor Signature

*What are the consequences if an incident occurred?
 What is the likelihood the consequence will happen with controls in place?*

RISK MATRIX		CONSEQUENCES			
		Minor Injury Report No treatment	Moderate First aid treatment	Major Medical treatment	Severe Death or extensive injuries
LIKELIHOOD	Almost Certain	M	M	H	H
	Likely	L	M	H	H
	Possible	L	L	M	H
	Unlikely	L	L	M	M

Complete for Laboratory Hard Copy ONLY

To be completed after uploading document to a risk assessment on SafetyNet

Risk Assessment SafetyNet Reference: **UOW** _____
 Date approved on SafetyNet _____/_____/_____

High Risk (H) – Approvers: supervisor and Head of School (SafetyNet RA)