

Chemical Research Risk Assessment						
Name of Researcher:	Department:	Advisor:	Date:			
Location:						
All researchers must complete this form and obtain authorization of this Risk Assessment prior to performing any experiment.						
Process description:						
Describe experiment and procedure used (attach references if appropriate):						

Chemical Name State (solid, liquid, gas) Formula Mass/Vol Specific considerations: Hazards: Hazards: Temperature range of experiment: Pressure range of experiment: Pressure range of experiment: Protective equipment/precautions required: Emergency shutdown procedure: Disposal method: This experiment be attended left unattended	Materials used in process:			
Hazards: Temperature range of experiment: Pressure range of experiment: Protective equipment/precautions required: Emergency shutdown procedure: Disposal method: This experiment be attended left unattended			Formula	Mass/Vol
Hazards: Temperature range of experiment: Pressure range of experiment: Protective equipment/precautions required: Emergency shutdown procedure: Disposal method: This experiment be attended left unattended				
Pressure range of experiment: Protective equipment/precautions required: Emergency shutdown procedure: Disposal method: This experiment be attended left unattended				
Protective equipment/precautions required: Emergency shutdown procedure: Disposal method: This experiment be attended left unattended	Temperature range of experiment	:		
Emergency shutdown procedure: Disposal method: This experiment be attended left unattended	Pressure range of experiment:			
Disposal method: This experiment be attended left unattended	Protective equipment/precautions	s required:		
This experiment be attended left unattended	Emergency shutdown procedure:			
	Disposal method:			
	This experiment be attended	left unattended		
Materials will be stored here:	Materials will be stored here:			
Other important information:	Other important information:			

I have familiarized myself with the experimental risks and know the necessary safe working practices during the use and handling of chemicals and equipment. I shall adhere to the safety requirements for this laboratory at all times.

Signature:	Date:
Signature of approving faculty member:	Date: