# Chemical Risk Assessment

## Name of the process

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**Date:**

**Prepared by:**

**Name/No:**

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**Name/No:**

**Approved by the responsible supervisor (date/signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Approved by the responsible occupational health and safety (OSH) representative.**

**(Date/Signature)**

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## Description of the work process:

The description can be produced as a flow chart of the process – i.e. division into logical sub-processes.

How do we work with hazardous substances and materials? How are the hazardous substances and materials stored and transported? How is the workplace organised?

What quantities are used?

Significant hazards from the work process, from chemicals, the risk of exposure

## Necessary safety precautions:

### Ventilation:

Fume cupboard

Local exhaust ventilation

LAF bench

Glove box

Other

Is this specified necessary during the entire process, or only in parts of it? Describe:

### Chemicals:

List the chemicals used here

#### Only the most hazardous substances are included – the hazardous properties of the substances (specify the amount, exposure duration: the duration of the exposure, and the nature of the exposure – e.g. inhalation of vapours, aerosols or dust, toxic by inhalation, carcinogenic by skin contact and flammable substances.

#### See Appendix A (KIROS + safety data sheets on all hazardous products)

### Bacteria:

List the chemicals used here

Do you need to apply for permission to use the bacterium

Which classification does the laboratory need?

Are you going to get a vaccination?

### Chemical gloves:

(please state approx. breakthrough time, if possible)

Which type?

Breakthrough time:

Are the specified gloves are necessary throughout the work process, or only during parts of it, please describe:

### Other types of personal protective equipment

Lab coat/Protective clothing:

Safety goggles

Respiratory protective equipment (state filter type):

Special footwear (state type):

Other:

Is the specified equipment necessary throughout the work process, or only during parts of it, please describe:

### Additional safety precautions:

Special heat source regarding fire hazard:

Other:

### Special emergency equipment:

Special fire-extinguishing agent:

Antidote:

Other:

### Special training or instructions:

(First aid, doctor's check e.g. in connection with fieldwork):

mandatory training, state type of training:

Instructions for the use of particularly hazardous equipment, which:

Other:

### Procedures in case of accidents and spills

(Here, you can describe actions in the event of relevant accidents, collection and disposal of spills, procedures for information in case of accidents etc.)

### Waste:

Instructions on labelling of waste bins – which waste group should be used. See the guidelines for waste on the intranet.

### Pregnant and breast-feeding women:

Is the work process/area safe for pregnant and breast-feeding women?

If yes - Reason

If no - Reason

### Suggestions for safety improvements:

This section is intended as input for a joint department/section WPA

## Training and instruction:

*Five items must be reviewed verbally + (read chemical risk assessment) in connection with training and instruction:*

1. The hazardous substances and materials that are found in the workplace, including the substances’ or materials ' name, hazard labelling, risks associated with work with and exposure to them, relevant threshold values for occupational exposure and other specifications,
2. How substances or materials are handled, used and stored safely, including whether there are limitations in relation to what the products may be used for.
3. Correct use of safety precautions during work, including protective equipment and their location in the workplace,
4. Disposal of substances and materials as well as protective equipment after use and other handling of waste, including specifically labelled waste
5. Safety precautions in case of accidents, e.g. fire, spills, etc.

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| --- |
| SIGNATURE OF EMPLOYEE UNDERGOING TRAINING AND INSTRUCTION. MUST BE SIGNED BEFORE START-UP IN THE LABORATORY. |
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| --- | --- | --- | --- |
| *Date* | *Employee name* | *Signature* | *Initials of the person responsible for training and instructions* |
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## Approval:

1. Supervisor and occupational health and safety representative must approve and sign the document
2. The document must be made into a PDF
3. The document must be saved on: O:\ ST\_Arbejdsmiljoe-Roskilde\chemical risk assessment and then in the relevant sub-folder in relation to the department, etc.
4. The document must be brought with you to the laboratory.