

Chemical Order Risk Assessment Form

ESMP and LC Nano groups

Chemical Name and CAS-Number:				
Name of Research Supervisor:				
Name of Researcher:				
I hereby confirm that I have read and understood the material safety data sheets (MSDS) of the compound to be ordered and that the following risk assessment is based on this information.				
What is the intended use of the chemical to be ordered?				
Amount to be ordered:	Approx. amount needed for experiments:			
Give details of action in event of a spillage or other uncontrolled releases ?				
How do you intend to dispose of waste or unused substance, using the facilities and equipment available in our labs?				
Where should the compound be stored?				
Mazinga lab	Chemical Cabinet	Fridge	Freezer	Elsewhere (please specify)

Is there a less hazardous compound that could be used instead?
(Do not order if the answer is YES! Use less hazardous material instead!)

YES / NO

Is the substance known or suspected to be **self-reactive, pyrophoric, self-heating** or labelled with one of these GHS pictograms:



YES / NO

Is the new chemical known to be **incompatible with other chemicals**?
If YES, give details:

YES / NO

Other than lab coat, safety goggles and using the hoods, are any additional control measures required to handle the chemicals safely?

YES / NO

If YES, give details:

Signature of Researcher,

Signature of Research Supervisor,
(Needed if any question was answered YES)

Date:

Date: