

**Laboratory Hazard Assessment Form**

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| **Task/Description** | [Specify –*All* *guidance text in brackets may be deleted*] |
| **Creation/Revision Date** | [Specify] |
| **Responsible Person** | [Name of PI, Lab Supervisor, as appropriate] |
| **Location of Task** | [Building and room number] |
| **Approval Signature** | [Signature] |

**Potential Hazards**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Chemical (contact/vapour/dust) | | Noise | Thermal | |
| Fire/Explosion | | Non-Ionizing Radiation | Electrical/High Voltage | |
| Biological | | Ionizing Radiation | Mechanical (pinch, crush, etc.) | |
| Other: |  | | |

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| Describe the identified potential hazards and risks. Attach additional sheets as necessary. |

**Personal Protective Equipment Required**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Eye Protection | | Gloves (type: |  | | ) | Respirator1 | |
| Face Shield | | Lab Coat (type: | |  | ) | | | |
| Other: |  | | | | | |

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| Describe the personal protective equipment required. Attach additional sheets as necessary. |

**Spill/Accident Procedures**

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| Describe any procedures to take in the event of a spill or accident. Attach additional sheets as necessary. |

**Further Requirements**

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| Shielding | Special Training | Standard Operating Procedure2 |
| Ventilation | Waste Disposal Procedure | Contingency Plan (power/ventilation, etc.) |
| SDS | Transportation / Storage | Designated Area (e.g. Fume Hood) |

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| Explain any further requirements. Attach additional sheets as necessary. |

1. Respiratory protection is generally not required for lab research, provided the appropriate engineering controls are employed. For additional guidance on respiratory protection, consult with the EHS Office
2. Written Standard Operating Procedures (SOPs) are required when this assessment identifies the potential for injury.