

Safety Approval Checklist (Part A) – Chemical Safety

(For all projects that involve chemicals)

This checklist is to be used by the principal investigator to determine if approval can be granted by the Head of Department or whether a more detailed Risk Assessment (Part B or equivalent) is needed.

Name of Principal Investigator (PI): _____ Department: _____

Project Title: _____

| What chemical hazards may be engendered by the proposed research project? | | | Please state major chemicals for each class: _____ _____ _____ _____ _____ _____ _____ |
|---|--------------------------|--------------------------|---|
| | Yes | No | |
| 1. Water/air sensitive | <input type="checkbox"/> | <input type="checkbox"/> | e.g. t-butyl lithium, sodium |
| 2. Flammable | <input type="checkbox"/> | <input type="checkbox"/> | e.g. diethyl ether |
| 3. Toxic | <input type="checkbox"/> | <input type="checkbox"/> | e.g. phenol |
| 4. Strong oxidizers | <input type="checkbox"/> | <input type="checkbox"/> | e.g. nitric acid |
| 5. Corrosive | <input type="checkbox"/> | <input type="checkbox"/> | e.g. hydrofluoric acid |
| 6. Carcinogenic | <input type="checkbox"/> | <input type="checkbox"/> | e.g. benzene |
| 7. Compressed gas cylinder | <input type="checkbox"/> | <input type="checkbox"/> | e.g. acetylene |
| 8. Others _____ | <input type="checkbox"/> | <input type="checkbox"/> | |

Describe briefly what procedures will be carried out with these chemicals:

Please answer the following:

| | | | |
|----------|---|---------------------------------|--------------------------------|
| 1 | Have you obtained and checked the Material Safety Data Sheets (MSDSs) for all the chemicals you propose to use in your research? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2 | You are aware of the chemical properties and the associated hazards of all the chemicals used. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | You feel that all steps in your chemical reactions are adequately controlled, and there will not be a significant chance of having a chemical accident. | <input type="checkbox"/> | <input type="checkbox"/> |

If all these issues have been clearly addressed then the Head of Department should be able to endorse the application. If the response to any of the questions is No then a fuller risk assessment should be carried out i.e. Part B or other equivalent assessment.

Declaration of Principal Investigator

I/we are aware of my/our safety responsibilities as a PI spelt out in the University's Safety Policy.

I/we will ensure the facilities; safety equipment and procedures are in place to enable this work to be carried out safely.

I/we will ensure everyone carrying out the work is appropriately trained.

I/we will follow and ensure others follow all relevant SOP's.

I/we will report all near misses and accidents and all symptoms of relevance to what I/we am/are working with.

I/we will also report any new conditions that arise e.g. asthma, pregnancy etc.

I/we will provide supervision and instruction to all personnel working on the project.

Signature of Principal Investigator

Date

Endorsed by Head of Department

Date