

Chemical Reaction Hazard Assessment Form

Reaction number:

New experiment? (circle one) Yes / No																				
Assessment applies from lab book page:		through page:		(Complete a new assessment for each new reaction)																
Standard protocol followed? (please give reference)																				
Write your reaction here including work-up and purification method (e.g. chromatography). Use the form below to assess hazards for ALL associated reactions and process conditions (e.g. heating, cooling, vacuum), specify hazards (e.g., exothermic, gas evolution, flooding, asphyxiation, burns - hot or cold, explosion), quench procedures, waste disposal procedures as well as the chemicals to be used, including your expected product, solvents, and known by-products. Note: Synthesis of reactive or energetic compounds may not exceed 100 mg and the PI's supervision and written approval (signature) is required.																				
Reactants					Route of Exposure		Chemical Hazard													
Compound	Formula Weight:	Density:	Quantity:	Moles or millimoles:	Equivalents:	Skin or eye contact:	Inhalation:	Ingestion:	Injection (needle, scalpel, glass):	Carcinogen, mutagen or teratogen:	Highly toxic or toxic:	Irritant or sensitizer:	Explosive:	Pyrophoric (water or air):	Highly flammable or flammable:	Oxidizer:	Corrosive:	Lachrymator:	Other (specify):	
Reaction conditions and processes (heat, cool, pressure, vacuum, etc.) and potential hazards (fire, explosion, spill, etc.)																				
Will reaction proceed unattended? (circle one) Yes / No					If so, (PI approval is required) PI initials:															
Hazard Control Measures	Administrative controls (check all that apply)			Controlled access:	Restricted access:	No visitors:														
	Engineering controls (check all that apply)			Fume hood:	Blast Shield:	Other:														
	Personal protective equipment: (check all that apply)	Eye Protection		Glasses:	Goggles:	Other:														
		Hand Protection		Nitrile:	Latex:	Other:														
		Skin Protection		Lab Coat:	Flame resistant:	Apron:														
		Foot Protection		Leather Shoes:	Boots:	Other:														
Respiratory Protection		None:	Respirator:	Other:																
Are specific emergency response procedures necessary for this experiment? (circle one) Yes / No If yes, give details:																				
Reaction and/or reagent quench: (give quench type and possible hazard)																				
Waste disposal (check all that apply)		Hydrocarbon waste:	Halogenated waste:	Silica waste:	Toxic:															
		Biological waste:	Radioactive waste:	Heavy metals:	Other (specify):															
Signature:					Date:															
PI/Supervisor signature:					Date:															