**Chemical Research Risk Assessment**

<table>
<thead>
<tr>
<th>Name of Researcher:</th>
<th>Department:</th>
<th>Advisor:</th>
<th>Date:</th>
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Location:

**All researchers must complete this form and obtain authorization of this Risk Assessment prior to performing any experiment.**

Process description:

Describe experiment and procedure used (attach references if appropriate):

<table>
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<tr>
<th>Chemical Name</th>
<th>State (solid, liquid, gas)</th>
<th>Formula</th>
<th>Mass/Vol</th>
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**Specific considerations:**

Hazards:

Temperature range of experiment:

Pressure range of experiment:

Protective equipment/precautions required:

Emergency shutdown procedure:

Disposal method:

This experiment be ☐ attended ☐ left unattended

Materials will be stored here:

Other important information:

I have familiarized myself with the experimental risks and know the necessary safe working practices during the use and handling of chemicals and equipment. I shall adhere to the safety requirements for this laboratory at all times.

Signature: ___________________________________________ Date: ________________________

Signature of approving faculty member: ___________________________ Date: ________________________