

University of Sheffield, Department of Physics: COSHH Assessment

Please write legibly; if the assessor of the procedure is a student, this form must be countersigned by the supervisor

Research Group	Laboratory room number	Date	Expiry Date (to be filled in by the chemical safety officer)
Experimenter's Name		Supervisor's Name	
Substances/chemicals to be used (including quantities)		Known hazards	
Hazard information source Supplier's data sheet Croners CD Rom Other (specify)			
Full description of procedure, experiment or reaction			
Control measures and safety precautions to be followed			
Emergency procedures for spillage, uncontrolled release, first aid etc.			Risk Rating (H/M/L)
Disposal procedure			
Name and email address of Assessor:		I HAVE READ AND UNDERSTOOD THIS DOCUMENT Signed and dated (supervisor):	
Status:			
Signed and dated:		Signed and dated (chemical safety officer):	

Note: it is an offence under the COSHH regulations not to have an assessment form when using a hazardous substance