DIVISION OF INFORMATION AND COMMUNICATION SCIENCES

Risk Assessment – Experiment/Task/Process

To be completed if there is no standard operating procedure/safe work method available for the experiment or task. Prior to completing this please ensure you read the ICS Hazardous Substances Policy.

Assessor (print):………………………………….. Phone: ……………….  Date: ___/ __ / __

Location(s) of Experiment ……………………………...

Description of Experiment/Task/Process ……………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

Equipment/Services to be used ……………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

Substances to be used:

<table>
<thead>
<tr>
<th>Substance Name</th>
<th>MSDS Yes/No(^1)</th>
<th>Hazardous? Yes/No(^2)</th>
<th>Risk Assess’t Date(^3)</th>
<th>Nature of Hazard</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Controls to be applied to reduce risks: ……………………………………………………………………………………………………………
…………………………………………………………………………………………………………
…………………………………………………………………………………………………………

I certify that the risks of this experiment/task/process are negligible or adequately controlled

Supervisor:    Date: ………  Lab Manager:  Date……………
(Print name)      (Print name)

---

\(^1\) If not in relevant Laboratory Register of Hazardous Substances search Infosafe or request from Manufacturer.

\(^2\) If yes go to next column. If no, no further action is required for this chemical.

\(^3\) If risk Assessment is available you must read and understand it. If not available or the date is more than five years old complete the Risk Assessment – Hazardous Substances form.