

## 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		e.g. t-butyl lithium, sodium
2. Flammable		e.g. diethyl ether
3. Toxic		e.g. phenol
4. Strong oxidizers		e.g. nitric acid
5. Corrosive		e.g. hydrofluoric acid
6. Carcinogenic		e.g. benzene
7. Compressed gas cylinder		e.g. acetylene
8. Others _____		

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	No
2	You are aware of the chemical properties and the associated hazards of all the chemicals used.		
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.		

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