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| University of SussexCOSHH Assessment |

A COSHH risk assessment is required for work with hazardous substances including source materials, products, known intermediates and by-products. The form should be completed electronically and approved and signed by the principal investigator or responsible person. (copy should be sent School Safety Coordinator)

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| --- | --- |
| Title of project or activity | Sackler Centre EEG lab |
| Principal investigator / Responsible person | Dr David Schwartzman |
| School/Dept | Informatics |
| Date of assessment | 25th May 2017 |
| Date for review | 25th May 2018 |
| Location of work  (Buildings and room numbers) | Chi 2, 210 |

# Section 1 Project or Activity

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| 1.1: Brief description of project or activity |
| Recording of human electroencephalography and cleaning of electrode caps |

# Section 2 Hazardous Substances

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| --- | --- | --- | --- |
| 2.1: Classification of Hazardous substances used and generated | | | |
| Hazard type  [dangerous for the environment](http://www.hse.gov.uk/chip/images/env-l.gif) [explosive](http://www.hse.gov.uk/chip/images/ex-l.gif) [highly flammable](http://www.hse.gov.uk/chip/images/fire-l.gif) [carcinogen](http://www.hse.gov.uk/chip/images/skull-l.gif) [corrosive](http://www.hse.gov.uk/chip/images/corro-l.gif) [carcinogen](http://www.hse.gov.uk/chip/images/x-l.gif) | Hazardous substance | Risk identified | Workplace exposure limit (WEL)  <http://www.hse.gov.uk/coshh/basics/exposurelimits.htm> |
| Chemicals | MetriCide 28 (listed as non-hazardous) | 2.5% glutaraldehyde |  |
| Carcinogens, mutagens or reproductive toxins | [ENTER DETAILS HERE] |  |  |
| Dusts or fumes | [ENTER DETAILS HERE] |  |  |
| Asphyxiants | [ENTER DETAILS HERE] |  |  |
| Other substances hazardous to health | [ENTER DETAILS HERE] |  |  |
| 2.2: Human diseases, illnesses or conditions associated with hazardous substances | | | |
| Causes serious eye irritation.  May cause allergy or asthma symptoms or breathing difficulties if inhaled.  Ingestion of glutaraldehyde may cause nervous system effects including nausea, dizziness, headache, and drowsiness. Repeated inhalation of vapours may cause asthmatic symptoms in some individuals. | | | |
| 2.4: Potential routes of exposure | | | |
| Inhalation X Ingestion X Injection  Absorption X Other | | | Select all that apply |

# Section 3 Risks

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| 3.1: Quantity of hazardous substances to be used | |
| 2 Litres active solution | |
| 3.2: Frequency of use | |
| Daily X Week  Monthly  Other | Select one |
| 3.5: Who might be at risk (\*Contact the University Occupational Health Service) | |
| Staff X Students X Visitors X Public  Young people (<18yrs)  \*New and expectant mothers  Other | |
| 3 staff 100 Students / Visitors (participants) | |

# Section 4 Controls

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| 4.1: Containment Required | |
| Laboratory  Room X Controlled area  Total containment  Glove box  Fume cupboard  Local exhaust ventilation (LEV)  Access control  Other | Select all that apply |
| Active solution contained in sealable jar with screw top lid  Non-active solution contained in low cupboard | |
| 4.2: Other controls | |
| [ENTER DETAILS HERE] | |
| 4.3: Storage requirements of hazardous substances | |
| [ENTER DETAILS HERE] | |
| 4.5: Personal protective equipment (PPE) for glove selection see - <http://www.ansellpro.com/download/Ansell_8thEditionChemicalResistanceGuide.pdf> | |
| Lab coat X Overalls  Special headwear  Special footwear  Apron  Face shield  Respiratory equipment  Gloves X Protective eyewear X Other | Select all that apply |
| Lab members cleaning caps will wear lab coat, eyewear and gloves during handling of Metricide | |
| 4.7: Waste management and disposal | |
| Liquid X Solid  Gas  Inorganic  Organic  Aqueous  Mixed  Other | |
| Lab Manager Dr David Schwartzman disposes of Metricide down the drain with plenty of water, on a monthly basis.  Large volumes of unused metricide should be disposed via approved routes (chemical waste contractors) | |
| 4.8: Monitoring exposure and or Health surveillance  (If you need advice contact the University Occupational Health Service) | |
| [ENTER DETAILS HERE] | |

**Section 5 Emergency procedures**

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| **5.1: Emergency contact** | | | | |
| **Name** | | **Position** | **Telephone** | |
| Dr Ben Dyson | | Lab Managaer | 07709918923 | |
| [ENTER DETAILS HERE] | |  |  | |
| 5.2: Spillage or release | | | | |
| Specify procedure | Dilute with water, absorb with an inert dry material (towels), sweep up and place in suitable container for disposal (regular garbage). Wash spill area with soap and water. | | | |
| Other actions (if required) | Inform competent person (eg principal investigator / school safety adviser etc) | | | Yes X |
| Evacuate and secure laboratory | | | Yes |
| Evacuate building by fire alarm | | | Yes |
| Evacuate WITHOUT fire alarm (eg where there is a risk of explosion) | | | Yes |
| Call security (3333 on campus) to alert fire brigade | | | Yes |
| 5.3: First aid | | | | |
| Eyewash bottles located in lab, and eyewash station located next to lab in Chichester 2  Sink located in lab for immediate washing of affected areas. | | | | |
| 5.4: Actions in the event of failure of services (water, electricity, LEV etc) | | | | |
| [ENTER DETAILS HERE] | | | | |

# Section 6 Approval

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| 6.1: Instruction, training and supervision | | | | | | | |
| Special instructions are required to safely carry out the work (If yes enter details below) | | | | | | Yes X | |
| Set of SOPs for lab, lab members sign off to confirm read and understood | | | | | | | |
| Special training is required to safely carry out the work (If yes enter details below) | | | | | | Yes | |
| [ENTER DETAILS HERE] | | | | | | | |
| A: Work may not be carried out without direct personal supervision (If yes enter details below) | | | | | | Yes | |
| B: Work may not be started without the advice and approval of supervisor (If yes enter details below) | | | | | | Yes | |
| C: Work can be carried out without direct supervision | | | | | | Yes | |
| Supervisor(s) | [ENTER DETAILS HERE] | | | | | | |
| 6.2: Principal investigator / Responsible person | | | | | | | |
| **Name** | | | **Signature** | | **Date** | | |
| Dr David Schwartzman | | | My_Signature | | 25th May 2017 | | |
| **6.3: Personnel involved** | | | | | | | |
| Role | | Print name | | Signature | | | Date |
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