

Assessment Reference Number:	iGEM_Exeter_0	COSH	H_metal_ion	_standar	ds	
Date of Assessment :	26.07.2017					
Review Date: Annually as standard or more frequently if (see Change to process or substance Control measures are failing Changes in toxicity information/revised MSDS	Changes in personnel (vulnerability) Following an incident/accident/case of ill health					
Building / Laboratory / Work Area:	TROOM 402, Amory Ballaing					
COSHH Assessors Name:						
Identify the persons carrying out the process / using this/these substance(s)	Lab technician: Angela Elliott iGEM students: Anna Macklin, Jake Binsley					
Who is likely to be exposed? (circle as appropriate)	Staff and/or Student(s)		Visitors	Mainte	nance	Other Groups Give details
How many people are likely to be exposed? (circle as appropriate)	0-5		6-9		>10	
Any vulnerable or high risks groups likely to be exposed? (circle as appropriate)	Young Person (staff or student under 18)		Pregnant Workers (staff or student)		Other Groups Give details	

Process details:

NB: If you are working with micro-organism(s) or biological agents please refer to the Microbiology Risk Assessment for information.

If working with Nano-materials please refer to the Working Safely with Nanomaterials in Research & Development quidance document

For work with chemicals continue completing this form.

Analysis of digested samples (solution in 5% nitric acidic solution) using Inductively Coupled Plasma-Optical Absorption spectrometry (ICP-OES), including use of mixed metal standards (5% nitric acidic solution of Ag, Al, As, B, Ba, Be, Ca, Cd, Ce, Cr3, Co, Cs, Cu, Dy, Er, Eu, Fe, Ga, Gd, Ho, K, La, Lu, Mg, Mn, Na, Nd, Ni, P, Pb, Pr, Rb, S, Se, Sm, Sr, Th, Tl, Tm, U, V, Yb, Zn; with each metal at between 0.01 to 2 mg/)

5% HNO3

What produ	What products/substances are being used in the process?										
Products / Substance(s) in process	Hazard or Risk phrases defined for this product in the Material Safety Data Sheet	Red, Amber, Green, (R,A,G,)	What form is this hazard?		Quantity Used / Stored?	Length of Time Used? (Duration)	How often is it used? (Frequency)	Is there a Workplace Exposure Limit for this product / substance?			
5 %	Corrosive		Gas		500ml	8 hours	variable/1	Undiluted HNO3			
HNO3	Oxidising					Liquid	У		(wash solution	day per week	STEL 1 ppm
(nitric	agent	חבה	Vapour			within	average	STEL 2.6 mg/m			
acid)	H272 (amber)	RED	Fume								



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	H290 (amber) H314 (red)		Solid/ Powder/ Dust			contained system)				
Mixed metal standard	Corrosive H314 Chronic	RED	Gas Liquid Vapour	у	25-50 ml of each	8 hours (within covered auto	variable/1 day per week average	Nitric acid component: STEL 1 ppm		
(5 standards; between 0.01 to 2 mg/l) in 5% HNO3	aquatic toxicity H412	AMBER	Fume Solid/		standar d	sampler)		STEL 2.6 mg/m		
Sample digest solutions in 5% HNO3	Corrosive H314	RED	Powder/ Dust Gas Liquid Vapour Fume Solid/ Powder/ Dust Liquid Vapour Fume Solid/ Powder/ Dust	У	25ml of each sample	8 hours (within covered auto sampler)	variable/1 day per week average	Nitric acid component: STEL 1 ppm STEL 2.6 mg/m		

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	STOP CHEC	K AND	CONSIDER ⁻	THE NEXT QUE	ESTION CAREFULLY	
Can product(s) / substance(s) be Y/N substituted?		Describe	the options ar	nd the elimination / substitution	n process	
Can you eliminate any of the substances?						
-	Can you substitute any of the substances with less hazardous products?					
Are any of the substance	ces being mix	ked?				
Number of substances being mixed	none	(RAG	est risk) of the ances to ixed?	n/a	OVERALL RISK OF THE SUBSTANCE(S) (without control measures in place)	
	NB: T	reat ov	erall assess	ment as highe	est risk (RAG)	
Is the process likely to violent or highly exother					nazards e.g. producing a ?	N
If Yes, detail any additional control measures that need to be in place					n/a	
What are the risks of fire and/or explosion etc.?						
Is there a risk of fire?						Y



Is there a risk of explosion?							
Is there a risk of toxic fumes?							
Is there any other asso	ciated fire related risk v	vith this	Y - oxidiser				
If Yes to any of the above, detail any additional control measures that need to be in place.			extraction hood in operation at all times Nitric acid is an oxidizer: Contact with combustible/organic material may cause fire. Corrosive Material. Causes severe burns by all exposure routes. Thermal decomposition can lead to release of irritating gases and vapours. May ignite combustibles (wood paper, oil clothing, etc.).				
NB: A separate risk ass Explosive Atmospheres		quired i	n accordance with the Dangerous Substances	and			
What are the health ef	fects?						
Possible route of entry into the body?		Sheet) Consid	er both short-term and long-term health effect able	s where			
Ingestion	Υ		llowed there is immediate severe irritation and dama ductive effects have been observed on tests with lab				
Inhalation	Y	The vapour severely irritates the respiratory tract.		t.			
Contact e.g. skin	Y	Causes severe burns.					
Absorption via skin and/or mucus membrane e.g. eyes, nose, mouth	N	Not absorbed, but vapour irritates the eyes. The liquid causes severe burns to the eyes.					
Other e.g. young	N						
persons, pregnancy							
What are the first aid r	equirements: <i>(consult t</i>	he MSD	S for details)				
Ingestion			ies of water. If the chemical has been swallowed, girention. Do not induce vomiting.	e plenty of			
Inhalation	patient's clothing. If the c	asualty is	inger area after first ensuring your own safety. Loose unconscious, place in the recovery position and moon only if patient is not breathing.				
Contact e.g. skin Flood the splashed surface with large quantities of running water. Remove contaminated clothing Obtain medical attention.							
Absorption e.g. eyes, nose, mouth, skin Irrigate thoroughly with water or saline solution for at least 15 minutes. Remove contact lenses, if present and easy to do. Obtain medical attention							
What are the required	What are the required controls measures?						
Enclosed System e.g. g	love hox	N	Describe the arrangements				
Linciosca system e.g. g		'					
Fume Cabinet		N					
Extractor / Hood / Local Exhaust Ventilation			extraction hood above autosampler & ICP-OES ir operation at all times				



Ventilation / Air Change (If unknown seek advice from EDS/Campus Services)				Y	Air makeup / ventilation within the lab				
Biological	Safety Cabin	et	N						
Sensors an	d / or alarm	s		N					
Personal P	rotective Equ	uipment		Y	eye protecti clothing	on, suitable	gloves a	nd proted	ctive
Other:				N					
What are	the PPE req	uirements (ii	n addition	to the sta	ndard issue l	aboratory co	oat)		
Eye Protection	Respiratory Protection	Face protection	Gloves	Hard Hat	Ear Defenders	Safety footwear	Outer layer	Apron	Other:
Υ	N Describe the tr	N /pe / make/ mo	Y	N howard r	N efecto the Med	N orial Safatu Da	N to Shoot(s) f	N	N
Safety glasses			EN 374 protective gloves (Nitrile)						
Where Res students? Are there a Consult yo	OP CHECK AN spirators (inc. Consult your any Health Su ur Supervison	FFP2 or 3 di Supervisor f Irveillance re	sposable m or advice o quirements	asks) are r contact s to be co	required - fac Safety@exet nsidered?	ce fit tests ca er.ac.uk to b	n be arrar ook an ap	nged for si pointmen	taff and t.
appointme	ent ons to be tak	en in the eve	ent of spilla	ge(s) and	or other em	ergency situ	ations?		
	to Material S					iergency situ	acions:		
Small Quantity <500ml				Wear a glasses Use Drizi Acid spill If blue tis hood and flush awa	ppropriate c	pill kit (to dar lydrogen Carb absorption ma table containe	n and adso onate to n aterial was	orb spillage eutralize a used: let c	s) and/or cid). Iry in fume
Large Qua	ntity >500ml		n/a						
Do you ha	ve correct sp	ill kit provisi	ons to deal	with spil	ls (should the	ey occur)?			Υ
Are there	any other em	nergency situ	ations (not	t referenc	ed above) to	be consider	ed?		Υ



	• Eyewash stations and safety showers are close to the workstation	on location
If Vos. dotail any additional control		
If Yes, detail any additional control		
measures that need to be in place		
What are the storage requirements for substant	nces used during this process?	
NB: Refer to Material Safety Data Sheet(s) for	guidance	
Are there any specific storage requirements for		
	to be stored in one place or a specific temperature, type	Υ
of cabinet, segregation etc.?) Also consider in labora		
If Yes, detail the storage arrangements that	Keep containers tightly closed in a dry, cool and well-ventilated p	lace.
need to be in place		
Refer to Material Safety Data Sheet(s) for		
guidance		
How should the substances used be disposed of	of?	
(include environmental impacts and by-products in y		
NB: Refer to Material Safety Data Sheet(s) for		
5% HNO ₃ solution: Neutralise with sodium carbonate water.	or 5% sodium hydroxide solution and run to waste with large	volumes of
metal standards solutions (including when mixed with disposal by Labwaste	5% HNO ₃): collect in suitable container for disposal by speci	alist
What are the management arrangements i.e.		
How will this risk assessment be communicate		
(i.e. how will staff/students be informed of this asses		
no other staff / student to carry out procedu		
Are Safe Systems of Work (SSoW) / Standard C	, ,	N
product/task/process in addition to this risk as	ssessment?	
If You detail / amound the CCoM and for the		
If Yes, detail / append the SSoW and/or the		
SOP if applicable		
	111 14. 14.2	
Are training requirements necessary and who	will provide this?	N
If Yes, detail any specialist training required		
to undertake this process and who will		
provide said training		
Are there any remaining (residual) risks to be o	onerationally managed?	N
If Yes, detail any specific risks to be	Specialization of the state of	14
considered (e.g. pregnancy, vulnerable		
people, etc.)?		
people, etc./:		
Actions		
Actions	actions to be taken if additional control as accura-	
	actions to be taken if additional control measures rements of this risk assessment (identified above)	
	,	



No.	Action (describe)	By Who?	Target Date	Date Complete d

OVERALL RISK RATING OF THIS PROCESS (with control measures in place)				
GREEN	All Control Measures Implemented - Assessor to sign the risk assessment, Approver can then complete their sections once satisfied that the process/task etc. can proceed			

Approval Process					
COSHH Assessors Signature:					
Assessors Name:					
Date:					
Confirmation received that all actions					
have been completed and the					
•	Yes/No				
required control measures are in					
place:					
Process Supervisors Name:					
e.g. Principal Investigator, Line Manager					
Approval Date:					
Confirmation that a copy is stored	Yes/No				
locally with the Laboratory Manager:	Tes/NO				

NB: Keep a copy of this risk assessment for your own records