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**Hazardous Work Risk Assessment**

Prior to a student working alone at Southern Connecticut State University, a Hazard Work Risk Assessment, HWRA, must be completed to determine if the student will be in an Immediately Hazardous Environment. The following items must be explained below prior to allowing a student to work alone.

Faculty AdvisorClick here to enter text.

Department: Click here to enter text.

Room: Click here to enter text.

Office phone:Click here to enter text.

Cell phone: Click here to enter text.

Email Address: Click here to enter text.

Studio/Lab Room Number where student will perform work: Click here to enter text.

Is this an amended HWRA? [ ]  Yes [ ]  No

**Equipment:**

List the equipment that the student will be expected to use while performing the necessary work. Please be specific in identifying all equipment that is expected to be used. This should include but is not limited to fume hood, bio safety cabinet, Bunsen burner, centrifuge, saws, drills, machinery of any type etc. If special protocols need to be followed when operating certain equipment, please provide a brief description.

Click here to enter text.

Chemicals/Microorganisms/Biological Agents/Radioactive Materials:

List all of the chemicals/microorganisms/biological agents/radioactive materials that will be used to perform the necessary work. (This would include paints, stains, acids etc.)

Click here to enter text.

MSDS’s for listed chemicals are located in Click here to enter text. (Room where research is being done)

**Chemical Procedures:**

Describe how the chemicals identified above will be used during this work. Please include details on how chemicals will be altered, mixed, etc.

Click here to enter text.

**Disposal Procedures:**

Describe how any chemical/Biological waste material generated will be managed?

Click here to enter text.

Personal Protective Equipment (PPE):

List all PPE that will be used during this work. (This should include but is not limited to type of gloves, lab coat, eye protection, face mask etc.)

Click here to enter text.

**Training:**

The student who will be performing work has received the appropriate training in *(attach training documentation)*:

[ ] PPE use and limitations*).*

[ ]  Equipment used

[ ]  Chemical hazards

[ ]  Disposal procedures

[ ]  Emergency procedures

* **Please indicate any other restrictions or limitations while working in the lab/studio**

Click here to enter text.

***Print and sign below indicating that all items have been answered truthfully and with appropriate completeness:***

Faculty Advisor Name: Click here to enter text.

Faculty Advisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Student Name: Click here to enter text.

Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Department Chairperson Name: Click here to enter text.

Department Chairperson Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click here to enter a date.

Director Environmental Health and Safety Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Date: Click here to enter a date.

***The completed HWRA may be scanned and emailed to the Director of Environmental Health and Safety. Once reviewed by EH&S, the Faculty member will be contacted regarding the ability of a student to work alone in the identified lab space.***

***Once the student has been granted the ability to work alone, they are limited to the use of only the chemicals, biologicals and/or equipment identified in the HWRA.***

***In order to use additional chemicals, biologicals and/or equipment, an amended HWRA must be submitted.***