**Risk Assessment for Laboratory Safety Shower Provision**

*Safety Showers shall be provided in all newly constructed laboratories in accordance with AS/NZS 2289:2010, except where a documented risk assessment demonstrates that provision of a safety shower is not required and that hazards for which provision of Safety Showers would be required are unlikely to be introduced into the laboratory in the foreseeable future. Use the form below to document the required risk assessment to justify not providing a Safety Shower in a new laboratory or to make a case for provision where none currently exists.*

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| **Approved By** |
| **Lab Supervisor/PI Name:** | **Signature:** | **Date:** |
| **DLM Name:** | **Signature:** | **Date:** |
| **Location Details:** |
| **Building:** | **Department:** | **Room No:** |
|  |
| **Hazards Identification** |
| **Will any of the following hazards be present in the lab?** | **YES** | **NO** | **Comment** |
| Substances likely to ignite on contact with air/oxygen, i.e. pyrophoric substances (4.2A) |  |  |  |
| Heating of flammable liquids (e.g. distillation, recrystallization) or use in large volumes (>25L) |  |  |  |
| Use of molten salt baths, hot oil baths or molten metals |  |  |  |
| Use of Autoclave (pressure steam sterilizer) |  |  |  |
| Use of large containers (>1L) of concentrated corrosive liquids, e.g. concentrated acids |  |  |  |
| Use of large containers (>1L) of substances of high acute toxicity by the dermal route (e.g. phenol) |  |  |  |
| Any other hazard for which a safety shower might be required? (e.g. significant risk of fire, serious burn injuries) Specify: |  |  |  |
| Where this assessment is being used to justify **NOT** providing a Safety Shower, please provide a brief explanation of why the hazards identified above are unlikely to be introduced into this laboratory in the future: *(Enter ‘not applicable’ if this form is being used to justify provision of a Safety Shower)* |
| If a Safety Shower is not to be provided what is the next nearest alternative provision (provide location and approximate distance/travel time): *(Enter ‘not applicable’ if a Safety Shower is to be provided).* |
| **Assessment Outcome** *If ‘Yes’ has been ticked for any of the hazards above provision of a Safety Shower* ***IS*** *required.* [ ] Safety Shower Provision **IS** required [ ] Safety Shower is **NOT** required |