

Title of project/experiment/activity			
Wet-spinning for fibers			
Location of activity Cambridge Graphene Centre: Chemistry Lab		Start and end dates 2015/11-continuous	
Brief description (or attach procedure/protocol)			
<p>The basic steps of wet-spinning are listed:</p> <ol style="list-style-type: none"> 1. Prepare wet-spinning inks or dopes; 2. Extrude the dope into coagulation bath (use acetone and its mixture); 3. Collect fibers on the winding drum and reels; 4. Drying fibers. 			
Hazard	Effect	Control measures	Residual risk
Exposure to Coagulation bath (Acetone)	Hazardous in case of skin contact (irritant), of eye contact (irritant), of ingestion, of inhalation. Slightly hazardous in case of skin contact (permeator)..	<ol style="list-style-type: none"> 1. Keep all the apparatus of wet-spinning in the cupboard under good ventilation; 2. Wear glasses, mask, and gloves. 	Low risk

Personal Protective Equipment required [eye/face protection, respiratory protection, gloves, lab coat etc]
Gloves, Mask, Glasses.
Emergency Instructions & First Aid
<p>Fire:</p> <p>In case of fire, the fire alarm should be sounded and fire service called. If safe to do so, the fire may be extinguished using an extinguisher containing carbon dioxide, located outside the laboratory in the corridor.</p> <p>First Aid:</p> <p>General advice Consult a physician. Show this safety data sheet to the doctor in attendance.</p> <p>If inhaled If breathed in, move person into fresh air. If not breathing, give artificial respiration. Consult a physician.</p> <p>In case of skin contact Take off contaminated clothing and shoes immediately. Wash off with soap and plenty of water. Consult a physician.</p> <p>In case of eye contact Rinse thoroughly with plenty of water for at least 15 minutes and consult a physician.</p> <p>If swallowed Never give anything by mouth to an unconscious person. Rinse mouth with water. Consult a physician.</p>

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<p>Any special monitoring required [e.g. hearing test, vibration monitoring, health surveillance]</p> <p>No</p>
<p>Further control measures required? If yes, list with actions.</p> <p>No</p>
<p>Biological/Laser/Radiation Approval [requires relevant Specialist Safety Officer signature and date]</p> <p>N/A</p>
<p>Out of hours/Lone working</p> <p>Out of hours/lone working permitted if authorised by Supervisor.</p> <p><i>Require HoJ D permission</i></p>

Signature to confirm that this is a suitable and sufficient assessment of risk and that stated control measures are in place. This risk assessment should be reviewed if additional risks not covered in this assessment are identified or if there is any reason to indicate that the control measures are insufficient.

<p>Name of Assessor Dr. Stephen Hodge Email: sah211@cam.ac.uk</p>	<p>Signature </p>	<p>Date <i>31/8/16</i></p>
<p>Name of Supervisor Prof A.C. Ferrari Email: acf26@cam.ac.uk</p>	<p>Signature </p>	<p>Date <i>2/9/16</i></p>

<p>Local Safety Coordinator</p>	<p>Signature <i>David Hurd</i></p>	<p>Date <i>13/4/17</i></p>
<p>Departmental Safety Office <i>IAN SLACK</i></p>	<p>Signature </p>	<p>Date <i>24 APR 2017</i></p>