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| University of Glasgow logo | Hazardous Area Survey | | | |
| **School / Service / Unit:** | | | | |
| **Building:** | | | | |
| **Room Number:** | | | | |
| **Normal use of room / area:** | | | | |
| **Hazard Register** | | | | |
| **Chemical Hazards** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Explosive materials including desensitised explosives, firearms or ammunition**  (Any quantity) | |  |  |  |
| **Significant quantity of toxic or highly toxic material**  (>1kg per area) | |  |  |  |
| **Significant quantity of carcinogenic or mutagenic material**  (>1kg per area) | |  |  |  |
| **Significant quantity of oxidising materials not including oxygen cylinders**  (>10kg per area) | |  |  |  |
| **Flammable Liquids** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **10-50l stored in each area including waste**  (individual storage cabinets need not be recorded) | |  |  |  |
| **50l – 100l in each area including waste**  (individual storage cabinets need not be recorded) | |  |  |  |
| **Over 100l in any one area including waste**  (bulk storage) | |  |  |  |
| **Fuel / Oil** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Tanks Storage of petrol, diesel, fuel oil or lubricating oil (or similar).** | |  |  |  |
| **Container storage of petrol, diesel, fuel oil or lubricating oil (or similar).** | |  |  |  |
| **Gas Supply / Cylinders** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Toxic / Highly Toxic**  (e.g. sulphur dioxide) | |  |  |  |
| **Acetylene**  (including oxy-acetylene sets) | |  |  |  |
| **Hydrogen** (including flammable hydrogen mixtures) | |  |  |  |
| **Mains Gas Supply**  (e.g. benchtop gas supply) | |  |  |  |
| **Other Flammable**  (e.g. methane, LPG) | |  |  |  |
| **Gaseous Fire Suppression Systems** (specify type e.g. Halon, Inergen etc) | |  |  |  |
| **Other non-Flammable**  (5 or more in any area) | |  |  |  |
| **Cryogenic Materials** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Tank / bulk storage of cryogenic materials** (please specify) | |  |  |  |
| **Container / Dewar storage of cryogenic materials** (please specify) | |  |  |  |
| **Biological Materials** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Containment Level 3 (CL3) laboratory** (specify type, pathogen, SAPO, GM etc.) | |  |  |  |
| **Other material whose release may pose a high risk to emergency responders** | |  |  |  |
| **Clinical waste storage or handling area (including sharps)** | |  |  |  |
| **Animals / Insects** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Physically dangerous animals** (dogs, bulls etc.) | |  |  |  |
| **Insects (whether infective or not) which could escape from containment** | |  |  |  |
| **Venomous / Infective animals posing a risk to emergency responders** (please specify) | |  |  |  |
| **Environmental Hazards** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Large amount of substances with potential for major environmental damage**  (e.g. farm slurry storage) | |  |  |  |
| **Any substance considered to pose a significant hazard to the Aquatic Environment**  (Any quantity) | |  |  |  |
| **Radiation** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Ionising radiation sources including open and closed sources.** | |  |  |  |
| **X-Ray Equipment including portable x-ray equipment** | |  |  |  |
| **Non-Ionising radiation sources (e.g. UV, IR)** | |  |  |  |
| **Lasers** | |  |  |  |
| **Hazardous Equipment** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **MRI scanners or electro-magnetic fields likely to pose a risk to first responders** | |  |  |  |
| **High Voltage electrical equipment (excluding building fixed electrical supply)** | |  |  |  |
| **Large pressure vessels or high pressure systems (excluding building services)** | |  |  |  |
| **Other high risk equipment or processes present anywhere in the area** | |  |  |  |
| **Atypical Hazard** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Any hazardous substance or article whose presence in this type of building is unlikely to be anticipated by the emergency services.** | |  |  |  |
| **Other Hazard** | | **Yes / No** | **Location of Hazard** (include room no.) | **Details of Hazard** |
| **Any other hazard not covered by another category that could conceivably pose a risk to the emergency services.** | |  |  |  |
| **Hazardous Area Survey Completed By** | | | | |
| **Name** | |  | | |
| **Position** | |  | | |
| **Telephone** | |  | | |
| **E-mail** | |  | | |
| **Date of Completion:** | |  | | |
| **Date of next review:** | |  | | |
| **Emergency Contact 1** | | | | |
| **Name** | |  | | |
| **Position** | |  | | |
| **Contact Telephone** | |  | | |
| **Contact E-mail** | |  | | |
| **Emergency Contact 2** | | | | |
| **Name** | |  | | |
| **Position** | |  | | |
| **Contact Telephone** | |  | | |
| **Contact E-mail** | |  | | |
| **Emergency Contact 3** | | | | |
| **Name** | |  | | |
| **Position** | |  | | |
| **Contact Telephone** | |  | | |
| **Contact E-mail** | |  | | |