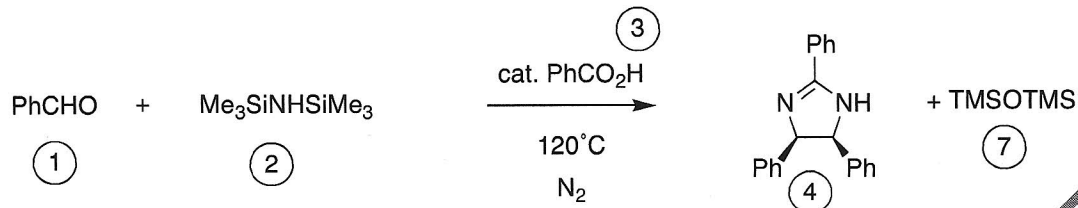


Reaction Risk Assessment Form.

Reaction number: JXB001

Write your reaction here including work-up and purification method (e.g. chromatography). Use the form below to risk assess ALL associated reaction and process conditions (e.g. heating, cooling, vacuum), particular hazards (e.g., exotherm, gas evolution, flooding, asphyxiation, burns - hot or cold, explosion), quench procedures, and waste disposal as well as the chemicals to be used, including your expected product, solvents, and known byproducts.



Purification: Recrystallisation from toluene/diethyl ether

Chemical hazards and routes of exposure

Compound	FW	d	Quantity	mmols	equiv	Routes of exposure: 1 Inhalation; 2. Skin/eye contact; 3 Swallowing	Carcinogen, teratogen, mutagen	Very toxic / toxic	Harmful/irritant	Explosive	Pyrophoric	Highly flammable, flammable	Oxidising	Corrosive	Lachrymator	Other (specify): Burns
1	106.1	1.044	96 mL	950	1	3		X								
2	161.4	0.765	240 mL	1150	1.1	2,3		X				X				x
3	122.0	-	575 mg	4.7	0.005	1,2,3		X								
4	298.4	-	Expected ca 60 g	191	n/a	1,2,3		x	assume toxic							
5	n/a	n/a	~500 mL	n/a	n/a	1		X				X				
6	n/a	n/a	~500 mL	n/a	n/a	1,3		x				x				

Repeat experiment (this book only - please circle one) No / Yes (previous assessment on page:)

New experiment (Please circle one): Category: **A** B **C** **D**

Standard protocol followed? (Please give reference) Adv. Synth. Catal. 2006, 248, 911-916.

Reaction conditions and associated processes (heat, cooling, pressure, vacuum etc) and hazards:
(Refer to general risk assessments on Departmental safety website)

Extended heating in oil bath (24 hr); overnight cooling with condenser – risk of flooding; rotavap

Control Measures: (please tick boxes)

Safety glasses: <input checked="" type="checkbox"/>	Lab coat: <input checked="" type="checkbox"/>	Fume hood: <input checked="" type="checkbox"/>	Safety screen:
Gloves (type):	Nitrile: <input checked="" type="checkbox"/>	Marigolds:	Other:
Scrubbing train (type):		Other:	

Are specific emergency procedures necessary for this process: Yes/No No If Yes, give details:

Reaction and/or reagent quench: N/a
(Give quench type and possible hazard)

Waste disposal: Chlorinated Waste Hydrocarbon Waste Silica Waste Other (specify):
(circle as appropriate) (5,6,7)

Co-worker signature: JOE BLOGGS Designated Supervisor Signature: PROFESSOR BLOGGS
Date: 08/08/08 Date: 08/08/08