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| * **In case of questions please contact the Safety and Radiation Protection Group under expsaf@xfel.eu.**
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| **Activity/Procedure** |  |
| **Author** |  |
| **Date:**  |  |
| **Name of responsible main proposer / principle investigator** |  |
| **Proposal number** |  |
| **Location where work is carried out** | **Experimental station:****Support laboratory:** |
| **Start and end of experiment** | **At experiment****Start:****End:****In Support Laboratory****Start:** **End:** |

When filling out the form please do not use abbreviations without explanations.

Work activity, description of experiment

| Briefly summarize the relevant work activities, important details of the experiment setup and in particular the sample delivery method and sample handling procedures. Please describe the activities at the experimental station (for support laboratories Worlk Description Document must be filled) Include an estimate of how long the activities takes and how frequently it will be conducted and include total quantities (volume, mass) of the materials Describe transport and secondary containment requirements, between the laboratories and experimental stations. Please also indicate if *special* experiment conditions (e.g. regarding temperature or pressure*), special safety equipment and/*or *decontamination procedure are* needed. *You could also add schematics or pictures especially for complex setups.*  |
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Safety risk assessment

| Identify potential safety hazards. For hazardous chemicals list hazard and precautionary statements (GHS/CLP/1272/2008/EC) and occupational limit values (consult the German GESTIS Internationa Limit Values <http://limitvalue.ifa.dguv.de/>). For biological substances indicate risk group, please consider that purified proteins are no longer assessed as biological materials but according to GHS/CLP Include special handling and storage requirements for hazardous chemicals, gases or biological susbtances in the laboratory. Conclude this section with a summary and assessment of the potential risks |
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Safety Equipment

| Specify all equipment needed to safely perform research or experiment. Some safety equipment (safety goggles, gloves, disinfectants, spill kits) will be provided by EuXFEL. Indicate what you will bring by yourself and what would need to be provided by European XFEL. |
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Emergency Procedures

| Indicate how spills, personnel exposure/ injury, and other accidents should be handled. During approval the SRP group will provide you with the emergency numbers and contacts.  |
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Disinfection and Waste Disposal

| Identify amounts of waste anticipated and appropriate disposal procedures.In case of biological waste also consult the skin protection plan and the hygiene plan of European XFEL.In case of chemical waste contact the Safety and Radiation protection group (expsaf@xfel.eu). |
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Before start of experiment:

Approved by Safety and Radiation Protection Group:

Approval date:

In case of biological samples:

Approved by Projektleiterteam:

Approval date:

In case of chemical samples

Approved by hazardous substance respresentative:

Approval date:

Taken note by Principal Investigator / Main Proposer / Deputy person:

Approval date:

Taken note by Local contact / Deputy person:

Date of approval: