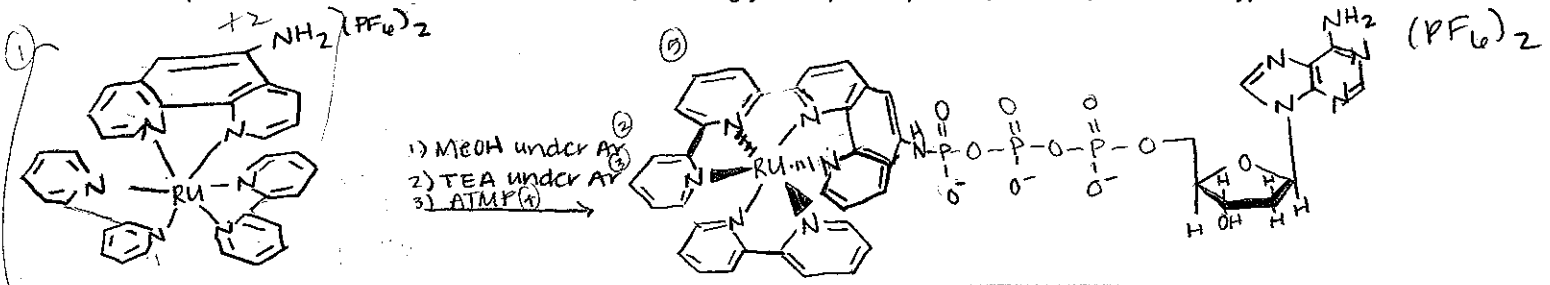


# Reaction Risk Assessment Form.

Reaction number: **ATP002 DP**

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.



### Chemical hazards and routes of exposure

Compound	FW	d	Quantity	mmols	equiv	Route 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):
① $[Ru(bpy)_3]^{2+}(PF_6)_2$	897.04	—	0.2164g	0.24	5	1,2,3	—	ND	1	—	—	—	—	—	—	—
② MeOH	32.04	0.792	10 mL	247		1,2,3	—	2	1	—	—	3	—	1	—	—
③ TEA	149.19	1.12	0.25 mL	1.88		1,2,3	3	2	1	1	—	1	—	2	—	—
④ ATPMP	489.17	—	~0.0236g	0.048	1	1,2,3	—	3	—	—	—	—	—	—	—	—
⑤ * toxicity based on tris(2,2'-bipyridine)ruthenium(II) chloride	1388.86	—	~0.067g	0.048	1	1,2,3	—	ND	1	—	—	—	—	—	—	—

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

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

Standard protocol followed? (Please give reference) **Chem.com Kvaatz (2008) P9502-504 supplementary info**

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

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. If Yes, give details:

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

Waste disposal: Chlorinated Waste Hydrocarbon Waste Silica Waste Other (specify): **Aqueous**

Co-worker signature: Designated Supervisor Signature:

Date: Date:

