



# Hazardous Chemical Risk Assessment Form



<b>Hazardous Substance:</b>				<b>How Used:</b>			
<b>Location (used):</b>				<b>Quantities used (per shift):</b>			
<b>Frequency and duration of use:</b>				<b>Used by (occupation):</b>			
<b>Completed By:</b>				<b>Approved By:</b>			
<b>Nature of hazard</b> <input type="checkbox"/>		<b>Possible Routes of exposure</b> <input type="checkbox"/>		<b>Adequacy of existing controls:</b>	<b>Present</b> <input type="checkbox"/> <input type="checkbox"/>	<b>OK</b> <input type="checkbox"/> <input type="checkbox"/>	
<input type="checkbox"/> Toxic <input type="checkbox"/> Harmful <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Sensitiser <input type="checkbox"/> Carcinogenic <input type="checkbox"/> Mutagenic <input type="checkbox"/> Teratogenic Other hazards (specify):		<input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection		Current controls are inadequate if not present when SDS requires them or if not functioning well. A <input checked="" type="checkbox"/> OK means action is needed. Consider each control – does the SDS recommend it, and is it present? Isolation <input type="checkbox"/> <input type="checkbox"/> Local extraction ventilation <input type="checkbox"/> <input type="checkbox"/> General ventilation <input type="checkbox"/> <input type="checkbox"/> Natural Ventilation <input type="checkbox"/> <input type="checkbox"/> Other engineering controls <input type="checkbox"/> <input type="checkbox"/> Safe work Methods (e.g. pumping instead of pouring) <input type="checkbox"/> <input type="checkbox"/> Reduce quantity and/or concentration <input type="checkbox"/> <input type="checkbox"/> Information (as least SDS and label) <input type="checkbox"/> <input type="checkbox"/> Ongoing training: <input type="checkbox"/> <input type="checkbox"/> Personal Protective Equipment (list):			
<b>Monitoring</b>	<b>Needed</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Present</b> <input type="checkbox"/> <input type="checkbox"/>	<b>Results</b> <input type="checkbox"/> <input type="checkbox"/>				
Health surveillance program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Air monitoring Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
<b>Conclusion:</b> <input type="checkbox"/>				<b>Other Measures:</b> <input type="checkbox"/>			
<input type="checkbox"/> <b>Risk not significant now and not likely to increase</b>				First Aid Supplies <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <b>Risks significant but effectively controlled at the moment</b>				First Aid Equipment <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <b>Risks significant and not adequately controlled at the moment</b>				First Aid Training <input type="checkbox"/> <input type="checkbox"/>			
<input type="checkbox"/> <b>Uncertain about risks; more detailed assessment required.</b>				Evacuation Plan <input type="checkbox"/> <input type="checkbox"/>			
				Emergency Response Plan <input type="checkbox"/> <input type="checkbox"/>			
				Other Controls (specify):			

Actions Required	Responsible Person	Due Date

Upload completed document in Sherm > Register > Chemicals against the relevant Chemical