|  |  |  |  |
| --- | --- | --- | --- |
| Department / Area |  | Assessment No. |  |
| Assessor(s) |  | Lab No. |  |
| Assessment Date |  | Review Due Date |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of substance |  | | |
| Valid Safety Data Sheet attached | Yes / No | Date |  |
| Can a safer substance be used instead? | Yes / No | Details |  |
| Describe the activity / work process *(how long & how often is this carried out and the quantity used)* |  | | |
| Identify who is at risk | Employees / Students / Visitors / Contractors / Public / Other | | |

Hazard Classification, tick all that apply:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Symbol | Hazard | ✓ | Symbol | Hazard | ✓ |
|  | No hazard |  |  | Less serious health risks |  |
|  | Acute toxicity (category 1-3) |  |  | Corrosive |  |
|  | Serious health hazard |  |  | Oxidising |  |
|  | Aquatic Environment |  |  | Gas under pressure |  |
|  | Explosive |  |  | Flammable |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Hazard Type | | | | | | | | | | | |
| ​​☐​ | ​​☐​ | | ​​☐​ | ​​☐​ | | ​​☐​ | ​​☐​ | | ​​☐​ | ​​☐​ |  |
| Gas | Vapour | | Mist | Fume | | Dust | Liquid | | Solid | Other | State:\_\_\_\_\_\_\_\_\_\_ |
| Route of Exposure | | | | | | | | | | | |
| ​​☐​ | | ​​☐​ | | | ​​☐​ | | | ​​☐​ | | ​​☐​ |  |
| Inhalation | | Skin | | | Eyes | | | Ingestion | | Other | State:\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| State the risks to health from identified hazards | | | |
|  | | | |
| Control measures (e.g. extraction, ventilation, training, supervision) include special measures for any vulnerable groups e.g. pregnant workers | | | |
|  | | | |
| Is health surveillance required? | Yes / No | Details |  |

|  |
| --- |
| Personal Protective Equipment Required (state type and standard) |
|  |
| First Aid Measures |
|  |
| Fire Fighting Measures |
|  |
| Spill Release Measures |
|  |
| Storage and Handling |
|  |
| Disposal |
|  |

|  |  |
| --- | --- |
| Is exposure controlled? | Yes / No |

|  |  |  |  |
| --- | --- | --- | --- |
| Further Controls Needed? | Yes / No | Details |  |