

HAZARDOUS SUBSTANCES RISK ASSESSMENT

ASSESSORS NAMES: _____ **POSITIONS:** _____

DATE OF ASSESMENT: _____ **DUE DATE OF REASSESSMENT:** _____

NOTE: New assessments are required if there are changes in processes, inadequate controls, and reported health effects, and not longer than 5 years from the date of the first assessment.

1) USING THE MSDS AND LABEL, DETERMINE

	Substance 1	Substance 2	Substance 3	Substance 4
Chemicals Name				
Use				
Location				
Hazards and Health Effects and Rating if Applicable				
Corrosive Irritant Sensitising Carcinogenic Mutagenic Teratogenic Toxic Asphyxiant Flammable Other: _____				
Potential Routes of Exposure				
Inhalation Ingestion Absorption				
MSDS Recommended Control Measures				
Engineering Isolation PPE Other: _____				

2 EVALUATE THE WORKPLACE AND EVALUATE THE EXPOSURE

2.1 Is the substance emitted or released into the work area? YES NO

2.2 Are employees exposed to the substance via any of the potential routes of exposure listed?

- | | YES | NO |
|-------------------|--------------------------|--------------------------|
| • Inhalation | <input type="checkbox"/> | <input type="checkbox"/> |
| • Ingestion | <input type="checkbox"/> | <input type="checkbox"/> |
| • Skin Absorption | <input type="checkbox"/> | <input type="checkbox"/> |
| • Other: _____ | <input type="checkbox"/> | <input type="checkbox"/> |

2.3 Have any employees experienced symptoms of exposure? YES NO

If YES, list these: _____

2.4 Have any employees reported and health effects?

If YES, list these: _____

2.5 Looking at the work process, location of workers, and considering all people with the potential for exposure answer the following:

	YES	NO
2.5.1 Is there evidence of contamination?		
• Dusts or fumes visible in the air or surfaces.	<input type="checkbox"/>	<input type="checkbox"/>
• Substances visible on a person’s skin or clothing	<input type="checkbox"/>	<input type="checkbox"/>
• Visible leaks, spills or residue	<input type="checkbox"/>	<input type="checkbox"/>
• Other: _____	<input type="checkbox"/>	<input type="checkbox"/>

2.5.2 Is there direct contact with the substance?

2.5.3 Is there a potential for splashes?

2.5.4 What is the time exposure to the substance?

Number of Times		Period Each Time (Minute/Hours)
• Per day	_____	_____
• Per week	_____	_____
• Per month	_____	_____
• Per year	_____	_____

2.5.5 How often are workers of others exposed to the substance? _____

2.6 Concentration Used

2.6.1 Is the substance used in concentrated form?

2.6.2 Is the substance diluted by the user?

2.6.3 Are the health effects stated differently for diluted or undiluted?

If YES, what are the health statements for:

- Diluted _____

- Undiluted _____

2.7 Control Measures

YES NO

2.7.1 Are control measures in place?

2.7.2 Which of the following control measures are used;

	Present Controls		Comments	Controls Maintained	
	Yes	No		Yes	No
• Are there general ventilation and local ventilations systems in place?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Are workers trained in the proper use?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Do work practices ensure safe handling?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Is the appropriate PPE used?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Are there facilities for changing and washing?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Are good housekeeping practices in place?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Are hazardous substances stored correctly?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Is waste disposed of properly?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Are there emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Is there emergency equipment e.g. eye wash?	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>
• Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	<input type="checkbox"/>	<input type="checkbox"/>