|  |  |  |  |
| --- | --- | --- | --- |
| **Substance:** |  | **Assessment #:** |  |
| **Supplier:** |  | **Emergency #:** |  |
| **No. Employees Involved:** |  | **CAS #** |  |
| **How is it Used?** |  |
| **HAZARDS** (delete/ add as appropriate) |
| Corrosive | Highly Toxic | Toxic | Harmful | Flammable | Explosive | Harmful to the Environment | Other |
|  |  |  | http://www.unece.org/fileadmin/DAM/trans/danger/publi/ghs/pictograms/silhouete.gif |  |  |  |  |
| **HAZARD TYPE** (delete/ add as appropriate) |
| Gas | Vapour | Mist | Fume | Dust | Liquid | Solid | Other |
| **Description:** | **Yes/ No** | **Notes** (incl. Relevant Exposure Standards, Safety and Risk Phrases) |
| Hazardous by inhalation? |  |  |
| Hazardous by ingestion? |  |  |
| Hazardous by absorption? |  |  |
| Irritant to the eyes? |  |  |
| Irritant to the skin? |  |  |
| Harmful to the environment? |  |  |
| **Observations on task and possible exposures** (incl. Storage, Movement, Handling, Use, etc.): | **Existing Controls** (incl. Enclosures, Ventilation, SWI’s etc.): |
|   |  |
| **Hazard Assessment** (attach additional information as an appendix): | **N/A** | **YES** | **NO** |
| 1. Is manufacturers Safety Data Sheet (MSDS) available?
 |  |  |  |
| 1. Has the ‘lowest hazard’ substance suitable for the task been selected?
 |  |  |  |
| 1. Has specific training required for handling this substance been provided?
 |  |  |  |
| 1. Is exposure monitoring required?
 |  |  |  |
| 1. Are additional control measures required?
 |  |  |  |
| 1. Are control measures routinely maintained, examined and tested?
 |  |  |  |
| 1. Is health surveillance necessary?
 |  |  |  |
| 1. Are Emergency Response Plans (first aid, fire, spill etc.) available and up to date?
 |  |  |  |
| 1. Is appropriate storage and dispensing requirements for the substance provided?
 |  |  |  |
| 1. Must an Authorised Waste Disposal Contractor dispose of the substance?
 |  |  |  |
| 1. Are all necessary permitting requirements understood and in place?
 |  |  |  |
| **Require Personal Protective Equipment** (state type and standard).  |
| Respirator  |  | Dust Mask |  |
| Safety Goggles |  | Face Shield |  |
| Gloves |  | Protective clothing |  |

|  |
| --- |
| **First Aid Measures** |
| Inhalation |  |
| Skin Contact |  |
| Eye Contact |  |
| Ingestion |  |
| **Workplace Exposure Limits (WEL)** |
| Long term exposure limit (8hr TWA) | Short term exposure limit (15 mins) |
|  |  |
| **Accidental release control measures** |
|    |
| **Disposal arrangements** |
|  |
| **Fire Fighting Measures** |
|  |
| **Any further information:** |
| **Assessor**  |
| Name (print) |  | Signature |  |
| Date |  | SDS Review Date |  |