|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  |