**HAZARDOUS SUBSTANCES**

**RISK ASSESSMENT FORM**

|  |  |
| --- | --- |
| NAME OF PREMISES | DATE ASSESSED |
|  |  |
| ADDRESS OF PREMISES | NEXT ASSESSMENT DUE |
|  |  |

GENERAL INFORMATION

|  |  |
| --- | --- |
| NAME OF HAZARDOUS SUBSTANCE |  |
| PURPOSE OF SUBSTANCE |  |
| LOCATION USED |  |
| AMOUNT USED, AND HOW OFTEN |  |
| FREQUENCY AND DURATION OF USE |  |
| WHO USES THE SUBSTANCE |  |
| ADDITIONAL RELEVANT INFORMATION |  |

DESCRIPTION OF POSSIBLE HAZARDS *check all that apply*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Irritant | |  | Allergic-type respiratory reaction |
|  | Acidic/Corrosive | |  | Mutagen |
|  | Poisonous | |  | Birth Defects |
|  | Allergic-type skin reaction | |  |  |
|  | Other: |  | | |
|  | Other: |  | | |

ADEQUATE CONTROL MEASURES IN PLACE*check all that apply*

|  |  |  |  |
| --- | --- | --- | --- |
|  | **ADEQUATE EXISTING CONTROL MEASURE** | | **NOTES** |
|  | Health monitoring program | |  |
|  | Air quality monitoring program | |  |
|  | Local extraction ventilation | |  |
|  | General ventilation | |  |
|  | Continuous training (e.g. safe handling, PPE, hazards, first aid) | |  |
|  | First aid supplies and equipment | |  |
|  | Personal Protective Equipment (PPE) | |  |
|  | Emergency plan | |  |
|  | Hazardous signage and labeling | |  |
|  | Other: |  |  |
|  | Other: |  |  |
|  | Other: |  |  |

RECOMMENDED ACTION PLAN

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **RISK** | **PERSON(S) AT RISK** | **RISK LEVEL**  (H,M,L) | **PROBABILITY**  (H,M,L) | **ACTION** | **OWNER** |
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ADDITIONAL INFORMATION

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| --- | --- | --- | --- | --- | --- |
| ASSESSMENT CONDUCTED BY | SIGNATURE | DATE | ASSESSMENT APPROVED BY | SIGNATURE | DATE |
|  |  |  |  |  |  |