

Hazardous Chemical Assessment Form

Purpose: Use this form to understand how a hazardous chemical may cause harm before it is used, and to identify actions and risk controls that are designed to minimise potential harm to workers and others.

This form should also be used to reassess the chemical when there is an incident or injury involving its use, and to determine additional risk controls if necessary.

Chemical Details

Chemical name	Manufacturer/Supplier	Use of Substance/Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>

SDS Issue Date	Site/Department	Storage Location
<input type="text"/>	<input type="text"/>	<input type="text"/>

Assessor(s) Name	Assessment Date	Responsible Person	Quantity	Frequency of Use	Duration of Use
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Hazard Identification

Is this Chemical Hazardous?	Is this Chemical a Dangerous Good?	DG Class	Is this Chemical Poisonous?
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

List Hazard Statements:

List Poisons Schedule:

Potential Health Effects

Indicate all potential routes of entry

- Skin (e.g. Solid, Aerosol, Liquid, Absorption) Eyes (e.g. Dust, Aerosol, Liquid) Inhalation (e.g. Vapor, Gas, Aerosol, Dust) Ingestion (e.g. Dust, Aerosols, Liquid, Hygiene) Injection (e.g. Pressure, Sharps)

Exposure limits (Refer Section 8 of SDS)

Acute health effects:

Chronic health effects:

Is health monitoring required?

- Yes No

Are there any licensing/permit requirements?

- Yes No

Is workplace monitoring required?

- Yes No

Provide details of license/permit

Potential Health Effects

To water (surface water, stormwater, groundwater)

To land (mobility in soil)

Any other potential environmental hazards

Additional Hazards

Are there other additional hazards? (e.g. radiation, mechanical, electrical, ergonomic, hot objects)

Chemical stability

Any other potential Incompatible substances

Personal Protective Equipment (PPE)

List PPE required

Hygiene measures

Systems of work for use/activity (describe each one)

Training

Safe Work Instruction (SWI)

First aid/Emergency Requirements

Bunding/Drip Trays

Ventilation

Other

Identify Hazards and Risk Controls

For each stage of the chemical risk assessment:

- Review the examples for each route of exposure for each category;
- Determine and record the consequence, likelihood and risk score using the risk matrix;

- Describe the potential hazard, i.e. route of exposure and any other information (if applicable);
- Specify the risk control required for each current or proposed risk control, include the type of control

- form the hierarchy of control (on the last page) and a brief description;
- Where proposed risk control(s) have been identified complete the Action Plan

Consider the exposure routes:

- Skin
- Eyes
- Inhalation
- Ingestion
- Other

Category	Potential hazards (when/where the exposure is present)	Consequence of exposure	Likelihood of occurrence	Risk score	Controls required or proposed (Type and description)	Controls implemented
Storage						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Handling/Using						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Decanting						
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Category	Potential hazards (when/where the exposure is present)	Consequence of exposure	Likelihood of occurrence	Risk score	Controls required or proposed (Type and description)	Controls implemented
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Spill/Leak						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Disposal (spills/containers)						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
Other						
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No

Action Plan

Where additional or proposed controls have been identified, complete the below action plan. List the strategies/actions in order of priority from catastrophic to low risk score.

No.	Actions	Responsibility	Due Date	Likelihood	Consequence	Risk Rating
1						
2						
3						
4						
5						

Consultation

Relevant staff must be consulted in relation to this risk assessment. Please indicate who was consulted

Name	Position	Signature	Date

Assessment Approval

I am satisfied with the above risk controls. The necessary resources will be provided to implement all controls before the chemical process commences, including additional controls in the action plan (where relevant).

Chemical Register updated Yes No Chemical/SDS folders updated Yes No SWI's updated Yes No

Approver's Name

Position

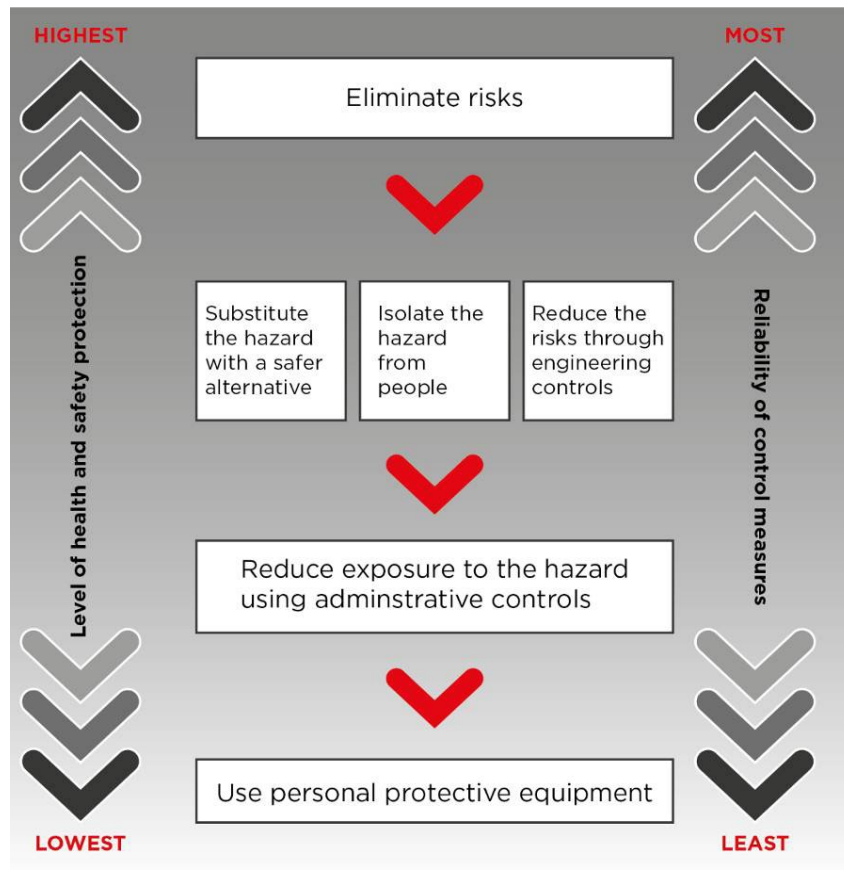
Signature

Date (DD/MM/YYYY)

Risk Matrix

		Consequences				
		Minimal	Minor	Moderate	Major	Severe
Likelihood	Highly Likely	Medium	Medium	High	High	High
	Likely	Low	Medium	Medium	High	High
	Possible	Low	Low	Medium	Medium	High
	Unlikely	Low	Low	Low	Medium	Medium
	Rare	Low	Low	Low	Low	Medium

The Hierarchy of Risk Control Measures



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