|  |  |
| --- | --- |
| Hazardous Chemical Name:  | How used:  |
| Location(s) used:  | Quantities used (e.g. per day/event):  |
| Frequency and duration of use:  | Used by (occupation):  |
| **Nature of hazard** 🗷**:**[ ]  Toxic [ ]  Harmful[ ]  Corrosive[ ]  Irritant[ ]  Sensitiser (may cause allergic- type skin or respiratory reaction)[ ]  Carcinogenic (may cause cancer)[ ]  Mutagenic (may cause mutations/ genetic change) [ ]  Teratogenic (may cause birth defects)[ ]  Other hazard/s (List) | **Possible route/s of exposure** 🗷**:**[ ]  Eyes [ ]  Skin[ ]  Inhalation [ ]  Ingestion/ swallowing [ ]  Injection | **Adequacy of current controls***Current controls are inadequate if not present when the Safety Data Sheet (SDS) requires them or if not functioning well. A* ‘no’ *under* OK *means action is needed. Consider each control – does the SDS recommend it, and is it present?* |
|  |  |  | Present  | OK  |
|  |  | Isolation | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Local extraction ventilation | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | General ventilation | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Natural ventilation | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Other engineering controls | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Safe work methods (e.g. pumping instead of pouring) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Reduce quantity and/or concentration | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Information (at least SDS and label) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Ongoing training (hazards, safe use, PPE, health surveillance if applicable) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | Personal protective equipment (list): | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
|  |  | **Other measures** |  |  |
|  |  | First aid supplies/equipment (e.g. safety shower) | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| **Monitoring** | Needed | Present | Results ok | First aid training | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Health surveillance program | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | Evacuation plan, emergency plan, and required emergency equipment | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |
| Air monitoring program | [ ]  Yes [ ] No | [ ]  Yes [ ] No | [ ]  Yes [ ] No | Other controls (specify):  | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |

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| **Conclusion:**🗹[ ]  Risks not significant now and not likely to increase [ ]  Risks significant but effectively controlled at the moment[ ]  Risks significant and not adequately controlled at the moment[ ]  Uncertain about risks; more detailed assessment required |
| **Action required to reduce risks:** *(list changes needed, by when and by whom, attach further pages if needed)* |
| [ ]  Yes (specify): [ ]  No | Date completed:Name & Signature: |
| Comments:  |
| Assessment carried out by: | Signature:  | Date: |
| Assessment approved by (Church leader): | Signature:  | Date: |
| Next assessment due: *(Note every 5 years)* |
| Maintain copy on file with SDS for auditing purposes |