|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 |

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