

**Division of Information and Communication Sciences**  
**HAZARDOUS SUBSTANCES RISK ASSESSMENT FORM**

*Consult the MSDS for each chemical/product and complete a separate assessment for each process/method used*

**Substance Name:** .....

CAS. No: ..... UN No. .... Class: ..... PG No. ....

Risk Phrases:..... Safety Phrases: .....

Process/ Method:..... Quantity to be used: .....

Location(s) used: .....

Assessed by: ..... Xtn.: ..... Date: \_\_\_ / \_\_\_ / \_\_\_

**Assessment Approval:**

Name: ..... Signature: ..... Date .....

**PLEASE CIRCLE RESPONSE**

**1. Toxicological details (refer to MSDS):**

Are there short term/acute effects?			Yes	No
If yes, by what route?	Skin	Respiratory	Ingestion	Other
Are there long term/chronic effects?			Yes	No
If yes, by what route?	Skin	Respiratory	Ingestion	Other
Is the substance a carcinogen?			Yes	No
Mutagen?			Yes	No
Teratogen?			Yes	No

**2. Labelling:**

Is the product labelled in accordance with regulations?			Yes	No
Is it	Flammable	Toxic	Corrosive	Oxidising
	Class 3	Class 6	Class 8	Class 5
Has the product been decanted?			Yes	No
If yes, is the container labelled correctly?			Yes	No

**3. Method of use and exposure details:**

Is the substance used as a	Solid	Liquid	Gas	Solution
Is the substance heated?			Yes	No
Are vapours, fumes, mists or dust particles given off?			Yes	No
Is the substance used in a confined space?			Yes	No
Is the substance used in a well ventilated space?			Yes	No
Area of possible exposure	Ingestion	Inhalation	Skin	Eye
Possible duration of exposure	<1 minute	< 1 hour	Continuous	
Possible frequency of exposure	1/day	2-5/day	>5/day	Monthly
Has environmental exposure monitoring been performed on the substance?				Yes No
Is medical surveillance required?			Yes	No
Have any health problems been reported?			Yes	No

If yes to any of the above three questions, what are the results?  
 .....  
 .....  
 .....

**4. Existing Controls:**

**Engineering controls:**

Is it necessary to use a fume cupboard with this substance?	Yes	No
Or is local exhaust ventilation adequate?	Yes	No
Has training been given in the use of fume cupboards? and/or	Yes	No
Local exhaust ventilation?	Yes	No

**Personal Protective Equipment (PPE):**

Is eye protection required with this ?	Yes	No
Are gloves necessary for use with this substance?	Yes	No
Is it necessary to use a respirator mask with this substance?	Yes	No
Has training been given in the use of PPE?	Yes	No

**5. Emergency and Response:**

Is an eye wash station/safety shower located near by?		Yes	No
Are the correct first aid facilities available?	Yes	No	
Is fire fighting equipment near by?	Yes	No	

What training has been given in the correct handling on the substance?

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What are the disposal methods?

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What steps are taken with regard to a spill of the substance? .....

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**7. Risk assessment classifications:**

Based on the information collected on the hazardous substance and its use in the workplace, the following classifications may be made.

**Circle the description that relates to the risk level in this case**

- 1. Risks are not significant and are not likely to increase.
- 2. Risks are significant but are effectively controlled.
- 3. Risks are significant and are NOT adequately controlled.
- 4. Uncertain about risks, not enough information or uncertain about degree and amount of exposure.

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**Retain a copy of this risk assessment and forward a copy to the relevant Laboratory Manager for inclusion in the Hazardous Substances Register**

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