

HAZARDOUS SUBSTANCES RISK ASSESSMENT FORM

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NAME OF PREMISES

DATE ASSESSED

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ADDRESS OF PREMISES

NEXT ASSESSMENT DUE

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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

ADDITIONAL INFORMATION

ASSESSMENT CONDUCTED BY	SIGNATURE	DATE	ASSESSMENT APPROVED BY	SIGNATURE	DATE

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