|  |  |
| --- | --- |
| Describe the activity or work process. |  |
| Identify the persons at risk: | Employees🗸 | Sub-contractors 🗸 | Public |
| Name the substance involved in the process and its manufacturer. |  |
| Classification *(state the category of danger)* |
| Health hazardOxidisingAcute toxicity🗸Flammable🗸Serious health hazardCorrosiveGas under pressureHazardous to the environmentExplosive |
| Hazard Type |
| 🗸  Gas Vapour Mist Fume Dust Liquid Solid Other (State) |
| Route of Exposure🗸🗸 |
|  Inhalation Skin Eyes Ingestion Other (State)  |
| Workplace Exposure Limits (WELs) *please indicate n/a where not applicable* |
| Long-term exposure level (8hrTWA):  | Short-term exposure level (15 mins): |
| State the Risks to Health from Identified Hazards |
| **Hazard Statements:**  |
| Control Measures: |
|  |
| Is health surveillance or monitoring required?🗸 Yes **No** |
| Personal Protective Equipment*(state type and standard)* |
| 🗸Dust mask |  | Visor |  |
| 🗸Respirator |  | Goggles |  |
| 🗸🗸Gloves |  | Overalls |  |
| Footwear |  | Other |  |
| First Aid Measures |
|  |
| Storage |
| **Storage:**  |
| Disposal of Substances & Contaminated Containers |
|  🗸**Hazardous Waste** Skip Return to Depot Return to Supplier Other(If Other Please State): |
|  |
| Is exposure adequately controlled?  | 🗸 **Yes** No |
| **Risk Rating Following Control Measures** |
| 🗸HighMedium **Low** |

Assessed by: INSERT NAME Date: INSERT DATE Review Date: INSERT DATE