|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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 hazard  Oxidising  Acute toxicity  🗸  Flammable  🗸  Serious health hazard  Corrosive  Gas under pressure  Hazardous to the environment  Explosive | | | | | | | | | |
| 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