

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 ☒: <input type="checkbox"/> Toxic <input type="checkbox"/> Harmful <input type="checkbox"/> Corrosive <input type="checkbox"/> Irritant <input type="checkbox"/> Sensitiser (may cause allergic- type skin or respiratory reaction) <input type="checkbox"/> Carcinogenic (may cause cancer) <input type="checkbox"/> Mutagenic (may cause mutations/ genetic change) <input type="checkbox"/> Teratogenic (may cause birth defects) <input type="checkbox"/> Other hazard/s (List)		Possible route/s of exposure ☒: <input type="checkbox"/> Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion/ swallowing <input type="checkbox"/> Injection		Adequacy of current controls <i>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?</i> <table style="width:100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="width: 60%;"></th> <th style="width: 20%; text-align: center;">Present</th> <th style="width: 20%; text-align: center;">OK</th> </tr> </thead> <tbody> <tr> <td>Isolation</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Local extraction ventilation</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>General ventilation</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Natural ventilation</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Other engineering controls</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Safe work methods (e.g. pumping instead of pouring)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Reduce quantity and/or concentration</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Information (at least SDS and label)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Ongoing training (hazards, safe use, PPE, health surveillance if applicable)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Personal protective equipment (list):</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td colspan="3">Other measures</td> </tr> <tr> <td>First aid supplies/equipment (e.g. safety shower)</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>First aid training</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Evacuation plan, emergency plan, and required emergency equipment</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> <tr> <td>Other controls (specify):</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> <td style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</td> </tr> </tbody> </table>					Present	OK	Isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Local extraction ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	General ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Natural ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other engineering controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Safe work methods (e.g. pumping instead of pouring)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Reduce quantity and/or concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Information (at least SDS and label)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Ongoing training (hazards, safe use, PPE, health surveillance if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal protective equipment (list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other measures			First aid supplies/equipment (e.g. safety shower)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	First aid training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evacuation plan, emergency plan, and required emergency equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other controls (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Present	OK																																																					
Isolation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Local extraction ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
General ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Natural ventilation	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Other engineering controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Safe work methods (e.g. pumping instead of pouring)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Reduce quantity and/or concentration	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Information (at least SDS and label)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Ongoing training (hazards, safe use, PPE, health surveillance if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Personal protective equipment (list):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Other measures																																																							
First aid supplies/equipment (e.g. safety shower)	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
First aid training	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Evacuation plan, emergency plan, and required emergency equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Other controls (specify):	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																					
Monitoring	Needed	Present	Results ok																																																				
Health surveillance program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																				
Air monitoring program	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No																																																				
Conclusion:☒ <input type="checkbox"/> Risks not significant now and not likely to increase <input type="checkbox"/> Risks significant but effectively controlled at the moment <input type="checkbox"/> Risks significant and not adequately controlled at the moment <input type="checkbox"/> Uncertain about risks; more detailed assessment required																																																							
Action required to reduce risks: <i>(list changes needed, by when and by whom, attach further pages if needed)</i> <input type="checkbox"/> Yes (specify): _____ Date completed: _____ Name & Signature: _____ <input type="checkbox"/> No																																																							
Comments:																																																							
Assessment carried out by:				Signature:		Date:																																																	
Assessment approved by (Church leader):				Signature:		Date:																																																	
Next assessment due: <i>(Note every 5 years)</i>																																																							

Maintain copy on file with SDS for auditing purposes