**HAZARDOUS CHEMICAL RISK ASSESSMENT**

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| **DETAILS** | | | | | | | | | | | | | | | |
| **Risk Assessment Title:** *(e.g. Name of chemical)* | | | | | |  | | | | | | **Risk Assessment No.:** | | | **XXXHCRA** |
| **Site:** |  | | | | | | | | | | | **Revision No.:** | | |  |
| **Reason for Risk Assessment** | Hazardous Chemical | | | | | | | | | | | **Assessment Date:** | | |  |
| New Information | | | | | | | | | | | **Review Date:** | | |  |
| Change in the workplace / work environment / task | | | | | | | | | | | **Have there been any related incidents? (if yes consider as part of Risk Assessment)** | | | NO  YES |
| Requested by personnel / H& S Rep. | | | | | | | | | | |
| Other (specify) | | | | | | | | | | |
| **References:** *e.g. Acts, regulations, codes of practice,* | Managing Risks of Hazardous Chemicals in the Workplace code of practice.  Management of Hazardous Chemicals Procedure (19) | | | | | | | | | | | **Are there any potential emergency situations which may arise? (if yes consider as part of Risk Assessment)** | | | NO  YES |
| **CHEMICAL SPECIFICS** | | | | | | | | | | | | | | | |
| **Chemical Name:** |  | | | | | | | | | | | **Other Names (if any):** | | |  |
| **Supplier / Manufacturer:** | **Company Name** | | | **Address** | | | | | | | | **Emergency Contact Phone** | | | **Telephone** |
|  | | |  | | | | | | | |  | | |  |
| **Form:** | Gas | | Liquid | Solid | | Coarse Dust | | | | | | Fine Dust | | Paste | Other |
| **Safety Data Sheet (SDS) Issue Date** | | | |  | | | | | | | | **Expiry Date:** | | |  |
| **Dangerous Good?** |  | **Yes** | | **Class** | | **Subsidiary Risk** | | | | | | **UN Number** | | **Packing Group** | **Poisons Schedule** |
|  | **No** | |  | |  | | | | | |  | |  |  |
| **Chemical Usage as defined on SDS:** | | | |  | | | | | | | | **Actual Usage:** | |  | |
| **Does the chemical present a fire and / or explosion risk i.e. physicochemical properties?** | | | |  | Yes | | **How much of the chemical is used and how often?** | | | | | | |  | |
|  | No | |
| **How is the chemical used:**  Describe the process / task | | | |  | | | | | | | | | | | |
| **How are personnel exposed to the chemical and for how long?**  Identify the exposure route or entry and describe the nature of the exposure. | | | | Skin Contact | | | | |  | | | | | | |
| Eyes | | | | |  | | | | | | |
| Inhalation | | | | |  | | | | | | |
| Ingestion | | | | |  | | | | | | |
| Other (specify) | | | | |  | | | | | | |
| **Are there any environmental hazards associated with the chemical and if so what?** | | | |  | | | | | | | | | | | |
| **ASSESSMENT** | | | | | | | | | | | | | | | |
| **1. Hierarchy of Controls** | | | | | | | | **Yes** | | **No** | **N/A** | | **COMMENTS** | | |
| **ELIMINATION** | | | | | | | |  | |  |  | |  | | |
| Is the process, activity, or task where the use of this chemical required?  *If NO, consider discontinuing process, activity or task.* | | | | | | | |  | |  |  | |  | | |
| Is the use of this chemical required?  *If NO, discontinue the use of this chemical.*  *If YES, consider substituting with a less hazardous chemical.* | | | | | | | |  | |  |  | |  | | |
| **SUBSTITUTION** | | | | | | | |  | |  |  | |  | | |
| Is a less hazardous alternative chemical available?  *If YES, consider a less hazardous form of the chemical.*  *If YES, obtain relevant SDS and conduct a risk assessment to confirm “less hazardous” status.* | | | | | | | |  | |  |  | |  | | |
| Is a less hazardous form of this chemical available?  *If NO, evaluate existing controls and implement additional control measures if required.*  *If YES, obtain relevant SDS and conduct risk assessment to confirm “less hazardous” status.* | | | | | | | |  | |  |  | |  | | |

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| **ISOLATION** |  |  |  |  |
| Are there any “isolation” controls currently being used?  *If YES, define existing “isolation” controls.* |  |  |  |  |
| Are “isolation” controls specified in the SDS?  *If YES, list these controls.* |  |  |  |  |
| Are these controls to be implemented?  *If YES, list implementation actions in the “Corrective Actions” section below.*  *If NO, document reasons for not implementing the controls.* |  |  |  |  |
| **ENGINEERING CONTROLS** |  |  |  |  |
| Are “engineering” controls currently being used?  *If YES, define existing “engineering” controls e.g. extraction ventilation, dilution ventilation.* |  |  |  |  |
| Are “engineering” controls specified in the SDS?  *If YES, list these controls.* |  |  |  |  |
| Are these controls to be implemented?  *If YES, list implementation actions in the “Corrective Actions” section below.*  *If NO, document reasons for not implementing the controls.* |  |  |  |  |

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| **PERSONAL PROTECTIVE EQUIPMENT** | **Yes** | **No** | **N/A** | **COMMENTS** |
| Is personal protective equipment required for the use of this chemical?  *If YES, list items of PPE to be issued to personnel working with this chemical.* |  |  |  |  |
| List personal protective equipment specified in the relevant SDS. |  |  |  |  |
| Is additional or alternative PPE required?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |

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| **ADMINISTRATIVE** |  |  |  |  |
| Are there any “administrative” controls currently being used?  *If YES, define existing “administrative” controls e.g. policies, procedures, work instruction, job rotation, training, supervision, signage compliant to AS/NZS 1319.* |  |  |  |  |
| Are there any additional “administrative” controls that can be implemented?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| **2. Monitoring and Verification** |  |  |  |  |
| Is Atmospheric Monitoring required?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| Is Health Surveillance required?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| **3. Emergency Response** |  |  |  |  |
| Are the first aid arrangements at the site / workplace adequate to achieve the requirements detailed in the SDS?  *If NO, what needs to be implemented to address the identified inadequacies?* |  |  |  |  |
| Does the firefighting equipment provided meet the requirements detailed in the SDS?  *If NO, what additional equipment is required?* |  |  |  |  |
| Are the provisions for the containment and clean-up of spills currently in place compliant with the requirements detailed in the SDS?  *If NO, what additional equipment or consumables are required?* |  |  |  |  |
| Do existing emergency response plans effectively address any emergency situation(s) arising from the use, storage, or transport of the chemical?  *If NO, document the “shortfall” in emergency response arrangements. List implementation actions to address the “shortfall” in the “Corrective Actions” section below.* |  |  |  |  |
| **4. Transport** | **Yes** | **No** | **N/A** | **COMMENTS** |
| List the transport requirements for the chemical specified in the relevant SDS. |  |  |  |  |
| Will this chemical need to be transported either on-site or off-site?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| **5. Transfer** |  |  |  |  |
| Does this chemical need to be transferred, for example from one container to another, using transfer equipment, etc.?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| **6. Storage** |  |  |  |  |
| List chemical storage facilities available. |  |  |  |  |
| List the storage requirements for the chemical specified in the relevant SDS. |  |  |  |  |
| Is additional or alternative storage required?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| **7. Handling** |  |  |  |  |
| List chemical handling requirements for the chemical specified in the relevant SDS. |  |  |  |  |
| Are there additional handling requirements which need to be considered?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |
| **8. Separation** |  |  |  |  |
| Does the chemical need to be separated from other chemicals or from the workplace (e.g. chemical storage cabinets)?  *If YES, list implementation actions in the “Corrective Actions” section below.* |  |  |  |  |

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| **9. Disposal** | **Yes** | **No** | **N/A** | **COMMENTS** |
| Does the disposal of this chemical require any particular disposal arrangements?  *If YES, what are these particular disposal arrangements?* |  |  |  |  |
| Are there any treatments required for containers used for this chemical prior to their disposal?  *If YES, what are these requirements?* |  |  |  |  |
| Are there any treatments required for any equipment and consumables used for the containment and / or clean-up of spills of this chemical prior to their disposal?  *If YES, what are these requirements?* |  |  |  |  |
| Are current arrangements for the disposal of chemicals and chemical containers adequate to satisfy the disposal requirements documented in the SDS?  *If NO, what needs to be added or amended in existing disposal procedures?* |  |  |  |  |

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| **CONCLUSION** | | | | | | | | | | |
|  | | | | | | | | | | **Risk Rating** |
|  | Risks are not significant at the time of this assessment and are not likely to increase. | | | | | | | | | **LOW** |
|  | Risks are significant, but effectively controlled at the time of this assessment. | | | | | | | | | **MEDIUM** |
|  | Risks are significant and not adequately controlled at the time of this assessment. | | | | | | | | | **HIGH** |
|  | Uncertain about the risk at this time, more detailed assessment / expert advice is required. | | | | | | | | | |
| Actions required to reduce risk: | | | NO  YES **If YES, specify these in the “Corrective Actions” section below.** | | | | | | | |
| **CORRECTIVE ACTIONS** | | | | | | | | | | |
| **Complete action plan below to implement additional controls strategies needed to further minimise the risk.** | | | | | | | | | | |
| **List the corrective actions** | | | | | **Priority**  **(H, M, L)** | **By Whom** | | **By When** | | |
| 1. | | | | |  |  | |  | | |
| 2. | | | | |  |  | |  | | |
| 3. | | | | |  |  | |  | | |
| **Sign Off** | | | | | | | | | | |
| RA Team | | Name | | Job Title | | | Signature | | Date | |
| Team Leader | |  | |  | | |  | |  | |
| **Team Member** | |  | |  | | |  | |  | |
| **Team Member** | |  | |  | | |  | |  | |