**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.* | [ ]  | [ ]  | [ ]  |       |
| **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.* | [ ]  | [ ]  | [ ]  |       |
| **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.* | [ ]  | [ ]  | [ ]  |       |
| **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** |       |       |       |       |