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| C:\Users\susanb\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.Word\PRIMARY_A_Vertical_Housed_RGB.PNG | Health & Safety  chemical risk assessment Form |

| Ra No./ERMS Ref.: | Date: | Version No.: | Review Date: | Authorised by: |
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| STEP 1 – ENTER INFORMATION ABOUT THE ACTIVITY/TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT |
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| Location name: | | Building No.: | Room No.: | | | Date: | Assessed by: | | HSR/Employee representative: |
| Chemical (Manufacturer’s name and product name): | | | | | Is the chemical a hazardous substance?  Yes  No | | | If “yes” list the hazard statement: | |
| Is the chemical a dangerous good?  Yes  No | If “yes” list the dangerous goods class: | | | | Is the chemical a scheduled poison?  Yes  No | | | If “yes” list the poison schedule: | |
| Description of work/activities/use: | | | | | | | | | |
| Are there any licencing/permit requirements?  Yes  No | If “yes” provide details: | | | | | Health surveillance requirements (list “nil” if not required): | | | A current SDS is available  Yes |
| Exposure route of chemical:  Inhalation  Skin (absorption)  Eye  Ingestion  Injection  Other – Specify: | | | | | | | | | |
| Workplace conditions (Describe layout and physical conditions - including access and egress): | | | | | | | | | |
| What are the storage requirements? | | | | What are the waste/disposal requirements? | | | | | |

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| List systems of work for the activity/task:  ● Training ● Inspections  ● SOPs ● Existing controls  ● Emergency situations |  |
| Is there past experience with the chemical that may assist in the assessment?  ● Existing controls ● SOPs ● Standards  ● Industry standards ● Incidents & near-hits ● Legislation & Codes  ● Training ● Incident Investigation ● Guidance material |  |
| First aid and emergency requirements  ● Additional first aid kit contents ● Special first aid requirements (eg oxygen)  ● Emergency eyewash ● Emergency shower  ● Spill kit ● Neutralising agent ● Restrict access |  |

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| Step 2: RISK RATING – RISK MATRIX AND DEFINITIONS |

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| **Likelihood** | **Consequence** | | | | | |
|  | **Insignificant** | **Minor** | **Moderate** | **Major** | **Severe** |
| **Almost certain** | Medium | High | High | Extreme | Extreme |
| **Likely** | Medium | Medium | High | Extreme | Extreme |
| **Possible** | Low | Medium | Medium | High | Extreme |
| **Unlikely** | Low | Low | Medium | High | High |
| **Rare** | Low | Low | Low | Medium | High |

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| **Likelihood** |  | **Consequence** |
| Almost certain – will occur in most circumstances when the activity is undertaken (greater than 90% chance of occurring) |  | Insignificant –First aid treatment, minor injury, no time off work |
| Likely - will probably occur in most circumstances when the activity is undertaken (51 to 90% chance of occurring) |  | Minor – Single occurrence of medical treatment, minor injury, no time off work |
| Possible – might occur when the activity is undertaken (21 to 50% chance of occurring) |  | Moderate – Multiple medical treatments, non-permanent injury, less than 10 days off work |
| Unlikely – could happen at some time when the activity is undertaken (1 to 20% chance of occurring) |  | Major – Extensive injuries requiring medical treatment (e.g. surgery), serious or permanent injury/illness, greater than 10 days off work |
| Rare – may happen only in exceptional circumstances when the activity is undertaken (less than 1% chance of occurring) |  | Severe – Severe injury/illness requiring life support, actual or potential fatality, greater than 250 days off work |

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| **Risk Rating Priority for Action** | | | |
|  | **Risk acceptance guide** | **Action** | **Recommended action time frame** |
| **Extreme** | Not acceptable | Cease or isolate source of risk  Implement further risk controls  Monitor, review and document controls | Immediate  Up to 1 month  Ongoing |
| **High** | Generally (in most circumstances) not acceptable | Implement risk controls if reasonably practicable  Monitor, review and document controls | 1 to 3 months  Ongoing |
| **Medium** | Generally (in most circumstances) acceptable | Implement risk controls if reasonably practicable  Monitor, review and document controls | 3 to 6 months  Ongoing |
| **Low** | Acceptable | Monitor and review | Ongoing |

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| STEP 3 – review chemical process | |
| For each stage of the chemical risk assessment:   * **Review the prompts/examples** for each route of exposure for each category; * Determine and record an **inherent risk score** uisng the risk matrix; * In the **comments** box, describe the route of exposure and any other information (if applicable); * Specify the risk **control type** for each current or proposed risk control; * Provide a **control description** for each current or proposed risk control; * Where **proposed risk control(s)** have been identified complete a [Health & Safety: Action plan](http://safety.unimelb.edu.au/__data/assets/word_doc/0005/1795028/health-and-safety-action-plan.docx); * Determine the **residual risk score** using the risk matrix. | Hierarchy of Control (Control Type)  El – Elimination  S – Substitution  En – Engineering Is – Isolation G – Guarding  Sh – Shielding  A – Administrative T – Training In – Inspection  M – Monitoring H – Health Monitoring  P – PPE  For information devising appropriate controls, refer to: [Health & Safety: Guide to chemical risk hierarchy of control](http://safety.unimelb.edu.au/__data/assets/word_doc/0008/1715282/guide-to-chemical-risk-hierarchy-of-control.docx). |

| Category | Inherent Risk Score | Comments (when/where the exposure is present) | Control Type | Control Description (Current and Proposed) | Residual Risk Score |
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| Storage |  |  |  |  |  |
| ● Inhalation ● Skin (absorption  ● Eye ● Ingestion  ● Injection ● Other |
| Handling |  |  |  |  |  |
| ● Inhalation ● Skin (absorption  ● Eye ● Ingestion  ● Injection ● Other |
| **Decanting/Mixing** |  |  |  |  |  |
| ● Inhalation ● Skin (absorption  ● Eye ● Ingestion  ● Injection ● Other |
| **Applying/Using** |  |  |  |  |  |
| ● Inhalation ● Skin (absorption  ● Eye ● Ingestion  ● Injection ● Other |
| **Spill/Leak** |  |  |  |  |  |
| ● Inhalation ● Skin (absorption  ● Eye ● Ingestion  ● Injection ● Other |
| **Disposal** |  |  |  |  |  |
| ● Inhalation ● Skin (absorption  ● Eye ● Ingestion  ● Injection ● Other |

| STEP 4 – ImpleMEntation and consultation process | | | | |
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| Determine the person responsible for reviewing and implementing the risk assessment including the identified controls. Ensure a [Health & Safety: Action plan](http://safety.unimelb.edu.au/__data/assets/word_doc/0005/1795028/health-and-safety-action-plan.docx) has been completed, reviewed and signed off where proposed controls have been identified.  Obtain the authorisation of the management representative.  Ensure the HSR (if applicable) has been consulted. Ensure the employees undertaking the activity have been consulted.  **Record below the names of the persons consulted.** | | | | |
| Management representative |  | | HSR/Employee representative |  |
| Employee(s) |  | | Employee(s) |  |
| Employee(s) |  | | Employee(s) |  |
| Person Responsible for implementation or escalation | |  | | |

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| Extra writing room - use this page to enter extended comments or descriptions |
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For use in conjunction with the [Health & Safety: Risk management requirements](http://safety.unimelb.edu.au/__data/assets/word_doc/0003/2077581/Health-and-safety-risk-management-requirements.docx) and the [Health & Safety: Chemical requirements](http://www.safety.unimelb.edu.au/__data/assets/word_doc/0007/1805992/Chemical-Risk-Management-Procedure.docx).

For further information, refer to <http://safety.unimelb.edu.au/management/implement> or contact your [Health and Safety Business Partner](http://safety.unimelb.edu.au/people/community).