



## Hazardous Substances Risk Assessment

Company:		Address:	
MSDS No.:	MSDS Date: / /	Risk Assess. No.:	Date: / /
Areas where used:			
<b>PRODUCT IDENTIFICATION</b>			
Substance name:			
Proper Shipping name:			
Manufacturer:		Emergency Contact No.:	
UN No.:	Class:	Packing Group:	
HAZCHEM Code:		Poisons Schedule:	or N/A
<b>PHYSICAL STATE (AS USED)</b>			
Compressed gas (such as compressed oxygen)		Volatile liquid (evaporates quickly)	
Gas dissolved under pressure (e.g., acetylene)		Mobile liquid (viscosity like water)	
Liquefied gas (such as LP Gas)		Viscous liquid (viscous like oil or paint)	
Cryogenic liquid (such as liquid nitrogen)		Liquids with solids in solution/suspension	
Finely divided solids (a powder)		Caked or undivided solid	
Granular /flaked solid		Other:	
<b>PHYSICAL APPEARANCE and CHARACTERISTICS</b>			
Appearance:			
Colour:			
Odour:			
<b>CHEMICAL AND PHYSICAL PROPERTIES (AS USED)</b>			
Dilution rate:			
Method of use or application:			
<b>HEALTH HAZARDS (AS USED)</b>			
Swallowed:	Inhaled (Acute)	Inhaled (Chronic)	
Contact with skin:		Contact with eyes:	
First Aid Required:			
Advice to medical provider:			
<b>EVALUATION OF RISK OF EXPOSURE</b>			
WORK AREA	POSSIBLE TYPE OF EXPOSURE	RISK	
Environmental risk(s):			
<b>RISK ASSESSMENT CONDUCTED BY</b>			
NAME	POSITION OR TITLE	CONTACT NO.	
<b>HAZARDOUS SUBSTANCES RISK ASSESSMENT (2)</b>			
Substance:		Risk Assess. No.:	Date: / /
<b>RISK ASSESSMENT</b>			
1. Persons or occupations who may be at risk from the substance:			Risk level



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<b>2. Training required in use of substance:</b>		
<b>3. Information to be covered in training:</b>		
<b>4. Method(s) of training</b>		
<b>5. Possible sources of workplace contamination:</b>		
<b>6. Possible types of exposure(s) to persons in workplace:</b>		
(a) Inhalation:		
(b) Ingestion:		
(c) Skin or eye contact:		
(d) Accidental injection:		
<b>7. Probable durations of exposure:</b>		
<b>8. Control methods used at present (list):</b>		
	Adequate	Inadequate
<b>9. Control methods proposed to be implemented (list):</b>		
<b>10. Health surveillance required? (describe):</b>		
<b>11. Storage and handling controls (list):</b>		
	Adequate	Inadequate
<b>12. Evaluation of risk level</b>		
1. NOT SIGNIFICANT	not likely to increase	
2. SIGNIFICANT	controls effective, but may increase	
3. SIGNIFICANT	risks not effectively controlled	
<b>13. Workplace monitoring required:</b>		
<b>14. Review of risk assessment required:</b>		Date: / /