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|  | **Hazardous Chemicals Risk Assessment Form** | | | | | | | | | | | | | | |
| **Title/ RA No.:** | | | | | | | | | **Date:** | | | | | **Review Date:** | |
| **STEP 1 – ENTER INFORMATION ABOUT THE ACTIVITY/TASK, ITS LOCATION AND THE PEOPLE COMPLETING THE RISK ASSESSMENT** | | | | | | | | | | | | | | | |
| **Work Location name:** | | **Building.:** | | | **Room No.:** | | | **Date:** | | | **Person(s) Completing/ Consulted on the Risk Assessment:** | | | | |
| **Chemical(s) (Manufacturer’s name and product name):** | | | | | | **Is the chemical(s) a hazardous chemical**  **Yes No** | | | | | | **If ‘yes’ list the hazard statement:** | | | |
| **Is the chemical(s) a dangerous good?**  **Yes No** | | | **If ‘yes’ list the dangerous goods class:** | | | | | **Is the chemical(s) a controlled substance**  **Yes No** | | | | | **If ‘yes’ list the poison schedule: (e.g. schedule 7)** | | |
| **Is the substance(s) a prohibited or restricted carcinogen or restricted hazardous chemical**  **Yes No** | | | | | | | **Is the substance(s) a chemical of security concern?**  **Yes No** | | | | | | | | |
| **Description of work/activities/use:** | | | | | | | | | | | | | | | |
| **Are there any licencing/permit requirements?**  **Yes No** | | | | **If ‘yes’ provide details:** | | | | | | | | | | | **A current SDS is available (<5 years old): Yes** |
| **Number of workers/students potentially exposed:** | | | | | | | | | | | | | | | |
| **Workplace controls to be use (describe controls needed in the area - i.e. fume hood, carrying trolleys etc.)** | | | | | | | | | | | | | | | |
| **Are there specific storage requirements? e.g. flammable cabinet** | | | | | | | | | | | | | | | |
| **What are the waste/disposal requirements (including labelling)?**    DG Labelling Aqueous acid/base Toxic Heavy metal Halogenated Non-Halogenated Other | | | | | | | | | | **Are there Health Monitoring requirements (list ‘nil’ if not required): See** [**Schedule 14 of the WHS Reg’s**](https://www.legislation.sa.gov.au/lz?path=/c/r/work%20health%20and%20safety%20regulations%202012) | | | | | |

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| **Step2- Assess The Risk (expand if needed)** | | | | | | | | | | |
| **Identified Hazards** | | **Risk Assessment** | | **Risk**  **Level** | **Required Controls** | **Controls**  **implemented** | | **Residual Risk** | | **Risk Level** |
| Description | | **Consequence** | **Likelihood** |  |  | Yes | No | **Consequences** | **Likelihood** |  |
| **1. THE CHEMICAL:** |  |  |  |  |  |  |  |  |  |  |
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| **2. THE PROCESS:** |  |  |  |  |  |  |  |  |  |  |
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| **3. THE WORK** |  |  |  |  |  |  |  |  |  |  |
| **ENVIRONMENT:** |  |  |  |  |  |  |  |  |  |  |
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| **4. INDIVIDUAL/USER** |  |  |  |  |  |  |  |  |  |  |
| **CHARACTERISTICS:** |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **5. MANAGEMENT:** |  |  |  |  |  |  |  |  |  |  |
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| **6. Storage** |  |  |  |  |  |  |  |  |  |  |
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| **7. Emergency requirements** |  |  |  |  |  |  |  |  |  |  |
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| **8. Waste** |  |  |  |  |  |  |  |  |  |  |
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| **9. Working After hours** |  |  |  |  |  |  |  |  |  |  |
| **10.Other** |  |  |  |  |  |  |  |  |  |  |

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| ***Step 3*** |

# Review the risk, and the controls, then please select one of the following:

1. The assessment reveals that the potential risk to health and safety from the use of the chemical/equipment/procedure is not currently significant.
2. The assessment reveals that the potential risk to health and safety from the use of the chemical/equipment/procedure is significant. However, controls   
   are in place that reduce risk **as low as is reasonably practicable**.

**Note:** If the risk level is still **Extreme/High** after controls are in place, then cease the activity, identify and implement further controls and consult with your manager/supervisor until the risk is reduced as low as reasonably practicable.

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| ***Step 4*** |

***Have Safe Work Procedures been developed for this /task/procedure?*** Yes  No

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| ***Step 5.*** |

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| **Assessment approval:** | | |  | | |
| Assessor name: |  | Signature: |  | Date: |  |
| Assessor name: |  | Signature: |  | Date: |  |
| Assessor name: |  | Signature: |  | Date: |  |

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| **Step 6** |

**To Be Completed by Supervisor**

I am satisfied that appropriate controls are in place, still relevant and effective and the risk level is as **low as reasonably practicable** - Yes☐ No☐ (\*if no, you must put in other controls & conduct another Risk Assessment.)

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| Supervisor name: |  | Signature: |  | Date: |  |

## Section 6 - HOW TO ASSESS THE RISK

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| **Step A - Consider the consequences** | | **Step B - Consider the likelihood** | |
| For each hazard, consider the consequences if something happens. Consider what could reasonably have happened, as well as what actually happened (if there was an accident/ incident). Look at the descriptions below and choose the most suitable consequence below. | | How likely is it that something will happen as a result of the hazard?  Choose the most suitable likelihood below. | |
| **Consequence** | **Description** | **Likelihood** | **Description** |
| Catastrophic | May cause death, or  permanent disability, and/or permanent ill health | Very likely | Expected to occur in most  circumstances |
| Major | Severe injury or illness | Likely | Will probably occur in most  circumstances |
| Minor | Minor (usually reversible) injury  or illness resulting in days off work | Possible | Might occur occasionally |
| First Aid | First aid level medical  treatment | Unlikely | Could happen at some time |
| Negligible | No treatment required | Highly  unlikely | May happen only in exceptional  circumstances |

**Step C – Calculate the Risk Level**

1. Take the Consequence rating and select the correct line in the matrix below.
2. Take the Likelihood rating and select the correct column in the matrix below.
3. Circle the risk level where the two ratings intersect in the matrix below.

Risk level = Click or tap here to enter text.

# Risk Matrix

|  |  |  |
| --- | --- | --- |
| **Prioritising Hazards** | | |
| **Risk Level** | **Priority** | **Action** |
| **Extreme** | 1 | \* Do not proceed with task/activity until corrective actions have been implemented, reviewed and approved by the relevant Vice-President and Executive Dean of College or Portfolio Head.   * Control measures must be implemented to reduce the risk as low as possible. |
| **High** | 2 | \* Do not proceed with task/activity until corrective action has been implemented, reviewed and approved by the relevant Vice-President and Executive Dean of College or Portfolio Head.  \* Implement control measures to reduce the risk as low as possible. |
| **Medium** | 3 | \* Notify supervisor/manager and assess activity.  \* Implement control measures to reduce the risk as low as possible. |
| **Low** | 4 | \* Implement control measures. |

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| **Consequence** | **Likelihood** | | | | |
| **Very likely** | **Likely** | **Possible** | **Unlikely** | **Highly**  **unlikely** |
| **Catastrophic** | Extreme | High | High | High | Medium |
| **Major injury** | High | High | High | Medium | Medium |
| **Minor injury** | High | Medium | Medium | Medium | Medium |
| **First aid** | Medium | Medium | Medium | Low | Low |
| **Negligible** | Medium | Medium | Low | Low | Low |

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| **Control Hierarchy** | |
| Elimination | *Remove hazard* |
| Substitution | *Use a less hazardous alternative* |
| Isolation | *Eg Restrict access, use in a closed container, fume cabinet* |
| Engineering | *Eg Trolleys to move loads, guards on machinery, fume cupboard* |
| Administration | *Eg Training, Safe Work Procedure, signage* |
| PPE - Personal Protective Equipment | *Eg Gloves, respirator, safety glasses* |

See [WHS Risk Management Procedure](https://www.flinders.edu.au/content/dam/documents/staff/policies/health-safety/whs-risk-management-procedures.pdf) for further details