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| Substance/Trade Name: |  | Product Code: |  | CRA No: |  |

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| --- | --- | --- | --- | --- |
| Manufacturer/Supplier |  | Contact Details | Tel: | Email: |
|  |  |

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| Work Process/Activity: |  | Method of Application / Exposure |  |

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| No. of Personnel Exposed: |  | Frequency of Use: |  | Length of Exposure: |  |

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| Area of Exposure: |  | Qty of Substance Stored |  | Quantity Used: |  |

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| Is Workplace Exposure Limits Applicable? |  | If Yes, what are the limits? |  |

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| Long-term Exposure Limit (8-hr TWA) |  | Short-term Exposure Limit (15 mins) |  |

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| Is Health Surveillance or Monitoring Required |  | Safety Data Sheet Reference No |  |

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| Persons at Risk | Users of the product  Members of Public  Other Workers/Contractors  Visitors/Clients | Route of Exposure | Skin  Eyes  Inhalation | Ingestion  Cuts/Abrasions  Injection |

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| Are Susceptible Workers Exposed? |  | If so, Who? | Young workers  New workers  Maintenance workers  Workers with Medical Conditions | Pregnant/Breastfeeding Women  Disabled workers  Migrant workers  General public |

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| Is there a Risk of Indirect Exposure? |  | Is Supervision Necessary? |  |

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| Risks Identified and Hazardous Properties [Classification]: | | | | | | | | |
| Explosive | Flammable | Oxidising | Gas under pressure | Corrosive | Acute toxicity  Cat 1-3 | Acute toxicity  Cat 4 | Serious health hazard | Aquatic environment |

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| Hazard Type: | | | | | | | | |
| Gas | Vapour | Mist | Fume | Dust | Liquid | Solid | Other |  |

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| PPE and Control Measures: | | | | | | | | |
| Local Exhaust Ventilation | Overalls | Footwear | Eye Protection | Gloves | Respirator | Visor | Hygiene | Dust Mask |
| Other Control Measures | |  | Ensure adequate ventilation  Elimination of substance  Substitution of substance  Change processes  Isolate the hazard  Engineering controls  Segregation of people  Dilute | | | General ventilation  Supervisory controls  Administrative controls  Reduced time exposure  Reduce number of people exposed  Totally enclose the process  Use extraction equipment  Develop Safe Systems of Work  Maintain personal hygiene | | |

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| Prohibitions: | | | | | | | | |
| No Access to Unauthorised Personnel | No Food | No Drinking | No Smoking | No Mobile Phones | No Drugs | No Naked Flames | Do Not Induce Vomiting | No Electronic Cigarettes |

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| First Aid Measure | |
| Inhalation |  |
| Ingestion |  |
| Skin Contact |  |
| Eye Contact |  |

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| First Aid Provisions | | | | | | | | |
| Medical Eye Wash | Emergency Shower | First Aid | Emergency Contact | Hospital / Doctor | Drinking Water | Defibrillator | Ambulance Stretcher | Evacuation Muster Point |
| Additional First Aid Provisions: | | |  | | | | | |

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| Storage & Disposal | |
| Storage |  |
| Disposal Arrangements |  |

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| Management of Spills |
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| Fire Fighting | | | | |
|  |  |  |  |  |
| Water | Dry Powder | Foam | Carbon Dioxide | Wet Chemical |

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| Risk Rating Following Control Measures (tick relevant box) | | | | |
| Very Low | Low | Medium | High | Unacceptable |

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| Is Exposure Adequately Controlled and Communicated to Staff |  | **If No,** please specify the further control measures that are required and specify who is responsible for carrying out the actions along with an action date. |

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| Action Required |  |
| By Who |  |
| By When |  |

|  |
| --- |
| General Comments |
|  |

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| --- | --- | --- | --- | --- | --- |
| Assessed By: |  | Date: |  | Review Date: |  |