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|--------------------------------|--|
| FORM                           |  |
| HAZARDOUS SUBSTANCE ASSESSMENT |  |

| DETAILS OF ASSESSMENT                              |   |  |   |
|--|---|--|---|
| Assessment Ref:                                    | Hazard Level  | Exposure Level   | Risk Level:   |
|  | <input type="checkbox"/> Low <input type="checkbox"/> High  | <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High <input type="checkbox"/> Very High | <input type="checkbox"/> Low <input type="checkbox"/> Med <input type="checkbox"/> High |
| DETAILS OF THE SUBSTANCE                           |   |  |   |
| Name of the substance:                             |   | Supplier:  |   |
| Catalogue Number:                                  |   | SDS Reference:   |   |
| DETAILS OF THE APPLICATION                         |   |  |   |
| <b>Location:</b><br><i>Where is it to be used?</i> |   |  |   |
| <b>Process:</b><br><i>How is it to be used?</i>    |   |  |   |
| NATURE OF THE HAZARDS                              |   |  |   |
| Physical State:                                    | <input type="checkbox"/> Solid <input type="checkbox"/> Liquid <input type="checkbox"/> Gas   |  |   |
| Route of Entry:                                    | <input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> Absorption   |  |   |
| Hazard / Toxicity:                                 | <input type="checkbox"/> Explosive <input type="checkbox"/> Flammable <input type="checkbox"/> Oxidizing <input type="checkbox"/> Corrosive <input type="checkbox"/> Toxic<br><input type="checkbox"/> Harmful / Irritant <input type="checkbox"/> Hazardous to the Environment |  |   |
| Hazard Statements:                                 |   |  |   |
| Precautionary Statements:                          |   |  |   |
| Exposure Limits:                                   |   |  |   |
| Effects of over-exposure:                          |   |  |   |
| Is Health Surveillance Required?:                  | <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, please provide details)   |  |   |
| NATURE OF THE EXPOSURE                             |   |  |   |
| Frequency of Task:                                 | <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly<br><input type="checkbox"/> Other: .....  |  |   |
| Duration of Exposure:                              | <input type="checkbox"/> Minutes <input type="checkbox"/> Hours <input type="checkbox"/> Other: .....   |  |   |
| CONTROLS   |   |  |   |
| Precautions for Handling, Storing or Transporting  | e.g. Store out of direct sunlight / do not store with flammable materials   |  |   |
| Controls for Use:                                  | State the correct method of use of the substance include mixing instruction, handling, PPE required, ref to any other specific documents such as training instructions etc.   |  |   |
| First Aid Actions                                  | e.g. induce vomiting, encourage drinking of water   |  |   |
| Fire Fighting Arrangements:                        | e.g. specific information for Civil Defense   |  |   |
| Precautions for Disposal                           | e.g. ok to discharge into sewer, special waste only, arrangements for contaminated clothing and packaging etc.  |  |   |
| DETAILS OF THE ASSESSOR                            |   |  |   |
| Name of Assessor:                                  |   | Title:   |   |
| Date Issued:                                       |   | Review Date:   |   |