**Logo

Description automatically generated**

**Chemical Risk Assessment Form**

Hazardous chemical/substance:

Is the chemical? (check safety data sheet)

|  |  |  |
| --- | --- | --- |
| Explosive Pictograms: Your Guide to the WHMIS Symbols | Worksite Safety | Irritant / skin sensitizer CCOHS: WHMIS - Pictograms | Health hazard INCOM Manufacturing: GHS1230 GHS (Globally Harmonized System) WHMIS 2015  Hazard Class Pictogram Safety Label Sticker Decal Pads, Health Hazard .5  Inch Each, 1820/ Per Pack : Amazon.ca: Industrial & Scientific |
| Flammable substance Pictograms: Your Guide to the WHMIS Symbols | Worksite Safety | Hazardous to the environment  Environmental hazard - Wikipedia | Corrosive CCOHS: How to Work Safely with - Hazardous Products using the |
| Oxidizing CCOHS: How to Work Safely with - Hazardous Products using the | Acute toxicity Toxic hazard pictogram stock vector. Illustration of alertness - 103428221 | Compressed canister Pictograms: Your Guide to the WHMIS Symbols | Worksite Safety |

Can a non/less hazardous chemical be used? **Yes No**

If Yes, explain why it is not being used:

How volatile is the chemical? **Low Medium High**

What amount of the chemical is used? **Small Medium Large**

What is the calculated risk level? **1 2 3 4**

How often is the chemical to be used? (per day, week, month)

What control measures are required for this chemical, other then Personal Protective Equipment (PPE)?

Is any Personal Protective Equipment (PPE) required when used the chemical?

|  |  |
| --- | --- |
| Eye protection  Eye Protection Symbol Decal – New Signs | Eye and face protection  ISO Labels - Wear Face Shield & Eye Protection | Seton Canada |
| Overalls / protective clothing  ISO Labels - Protective Clothing Required | Seton Canada | Gloves  Gloves Symbol Labels - Brady Part: 58555 | Brady | BradyCanada.ca |
| Mask / respirator  Half Face Mask Respirator Symbol Sign ,Vector Illustration, Isolate on  White Background Label. EPS10 Stock Vector - Illustration of mask, breathe:  231332165 | Other (give details)  Exclamation Mark Symbol | Eureka Direct |

Are the required PPE are available in the company? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Storage requirements? (check safety data sheet)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where will the chemical be stored? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Does the storage meet SDS requirements? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Ventilation requirements? (check safety data sheet) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Precautions & Emergency Procedures**

Safety shower / eyewash **Yes No**

First-aid (details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fire protection measures (details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Determine the person responsible for reviewing and implementing the risk assessment including the identified controls as well as any requirements stated in the safety data sheets. This person will ensure that all employees with contact with chemical are properly trained.

Person responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print name)

Person responsible:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Assessment approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print name)

Assessment approved by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)

Job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_