

(Ref. SOP EHS-005)

Substance Name:

Usage on Site:

Generic Assessment:

Area Specific Assessment (Area):

				YES	NO
Is the substance classified as "Hazardous"?					
 Is the substance I 					
 Is the Register ac 					
Is there a current					
 Is the MSDS acce 					
 Is the label correct (Risk & Safety Phrases)? 					
Are the containers labelled correctly?					
 Is there induction 					
 Is the training doc 					
Is there refresher training?					
 Does the training 					
	YES	NO		YES	NO
MSDS's			First Aid		
Labels			Emergency Procedures		
PPE			Assessment Process		
Control Measures			Employer / Employee Duties		
Can the chemical be toxic by inhalation or skin contact?					
 Is there any possibility that the chemical can enter the body in the workplace by 					
inhalation. skin contact. indestion?					
Is the exposure of sufficient frequency, duration or level to be of concern?					
Is there any evidence of excessive exposure?					
Is the exposure likely to be above the OEL?					
Are the exposure controls adequate?					
Can the controls be improved (using the hierarchy of controls)					
Is routine exposure monitoring necessary?					
Are there First Aid facilities appropriate for the chemical?					
Are there emergency plans, which include the chemical?					
Is any health surveillance necessary?					
	Have all the monitoring records been kept?				
Last assessment available (Date of last assessment:)					



Hazardous Chemical Assessment Checklist (Ref. SOP EHS-005)

SUBSTANCE NAME:			
PERSONS ARE EXPOSED by:	EYE PROTECTION: Required for:		
Continuous release/emission Intermittent release/emission Spill/accident	Shift □ Maintenance□ Emergency□		
Inhalation exposure levels are:	Safety Glasses with Side Shields □ Goggles□		
■ Below exposure standard Approach/exceed exposure standard	Full Face Shield □		
Unknown Scale of Use	OTHER PROTECTIVE CONTROLS		
Minor/infrequent Occasional Frequent			
Ventilation Natural			
Other Process isolated Process enclosed	CONCLUSIONS ABOUT RISKS		
PERSONAL PROTECTIVE EQUIPMENT	Not Significant □ Risk Moderate, but Controlled □ Risk Moderate, NOT Controlled □ Risk Significant, but Controlled □ Risk Significant, NOT Controlled □		
RESPIRATOR Required for Shift D Maintenance E Emergency D			
Respirator Type:	Uncertain 🗖		
Particulate Mask	FURTHER ACTIONS		
Organic Mask □ Half Face □ Full Face □ Air Supplied □	No Further Action required □ Further Expert Help □ Further controls required □ Training required □ Ongoing Monitoring required □ Health Surveillance required □ Emergency Procedure review □		
PROTECTIVE CLOTHING Required for: Shift □ Maintenance□ Emergency□			
Overalls □ Safety boots □ Apron □	COMMENTS:		
GLOVES Required for: Shift □ Maintenance□ Emergency□ Short □ Long □ Glove Type:	REVIEW IN YEARS		