### Workplace Substances Checklist



|  |  |  |  |
| --- | --- | --- | --- |
| **Product name:**  |  | **Generic name:** |  |
| **Position title:**  |  | **Company:** |  |
| **Date checklist completed** |  | **Date for review** |  |
| **Name of person completing checklist** |  |
| **What is the product used for (outline the work activity):**  |
| **The name of the company supplying this product:**  |
|  | **YES** | **NO** |
| 1. Is the product clearly labelled?
 | [ ]  | [ ]  |
| 1. Is an MSDS/SDS needed for this product? (Check with your supplier if uncertain)
 | [ ]  | [ ]  |
| 1. Does the workplace have the MSDS/SDS for this product?
 | [ ]  | [ ]  |
| 1. Is the MSDS/SDS recorded in the Hazardous Substances Register?
 | [ ]  | [ ]  |
| 1. Do employees know about the MSDS/SDS and have access to it at all times?
 | [ ]  | [ ]  |
| 1. **Hazardous Nature of the Chemicals (Refer to the MSDS/SDS)**
 |
| [ ]  Corrosive | [ ]  Acute toxicity | [ ]  Dangerous when wet (DG Class 4.3) |
| [ ]  Mutagen | [ ]  Reproductive effects | [ ]  Oxidizer (DG Class 5) |
| [ ]  Irritant | [ ]  Explosive | [ ]  Harmful to the environment |
| [ ]  Sensitiser | [ ]  Radioactive | [ ]  Asphyxiant |
| [ ]  Carcinogen | [ ]  Flammable | [ ]  Spontaneously combustible (DG Class 4.2) |
| 1. **Exposure to the Substance**
 |
| **How often is this work activity performed (duration)?** |
| **Level of exposure (with existing controls)** | [ ]  High | [ ] Uncertain |
|  | [ ]  Medium | [ ]  Not significant |
|  | [ ]  Low |
| **Likely routes of exposure (with existing controls)** | [ ] Inhalation  | [ ] skin |
|  | [ ] Ingestion | [ ]  eyes |
| [ ] Injection |
| **8. ESTIMATED RISK** | [ ]  Exposure risks not significant |
|  | [ ]  Exposure risks significant, but well controlled at present  |
| [ ]  Exposure risks not effectively controlled  |
| 1. **RISK CONTROL**
 | **YES** | **NO** |
| How can I improve safety? (Control measures to be implemented to reduce the risk of exposure during this work activity) |
| **Is a safer product available?** | [ ]  | [ ]  |
| **Can I minimise risks by:** Buying smaller quantities to avoid decanting, spillage, splashes etc? | [ ]  | [ ]  |
| Using a lesser concentration? | [ ]  | [ ]  |
| Can engineering controls be used? | [ ]  | [ ]  |
| Is ventilation adequate? | [ ]  | [ ]  |
| Emergency procedures and equipment in place (e.g. Spill kits, emergency showers, eye wash stations, first aid kit) | [ ]  | [ ]  |
| Training provided to employees? | [ ]  | [ ]  |
| Wastes disposed of safely | [ ]  | [ ]  |
| Safe work procedures in place? | [ ]  | [ ]  |
| **Are employees/workers:** |
| Checked if they are high risk (e.g. pregnant; prone to allergies)? | [ ]  | [ ]  |
| Consulted about the use of the product? | [ ]  | [ ]  |
| Aware of any harmful effects? | [ ]  | [ ]  |
| Provided with the correct safety equipment? | [ ]  | [ ]  |
|  Trained in its storage, use, disposal and emergency procedures? | [ ]  | [ ]  |
| Does the workplace have appropriate first aid to deal with splashes or other incidents? | [ ]  | [ ]  |
| **Action Required:**  |
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| --- |
| **Date actions completed:**  |
| **Name:**  | **Position:**  |
| **Signature:** |

**Return Completed form to:** [Insert Position (e.g. CEO/Director/Owner)]