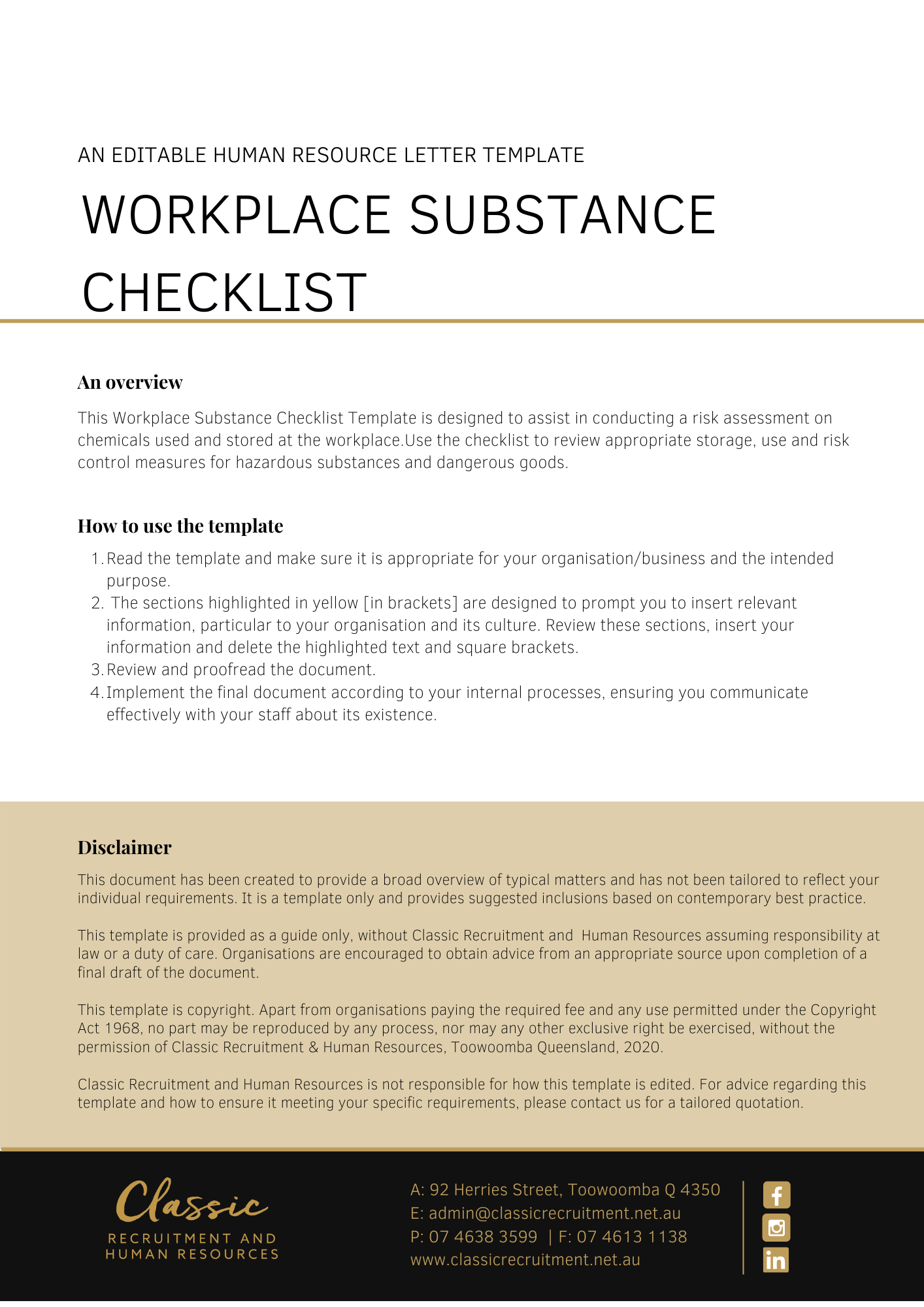
### Workplace Substances Checklist



|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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)]