

Describe the activity or test.

Location of process being carried out?

Identify the persons at risk:

Researchers Contractors Visitors

Name the hazardous substances involved in this test.

1. _____

2. _____













3. _____

4. _____

5. _____

6. _____

Classification (state the category of danger)

 <input type="checkbox"/> Very Toxic	 <input type="checkbox"/> Irritant	 <input type="checkbox"/> Extremely Flammable
 <input type="checkbox"/> Toxic	 <input type="checkbox"/> Sensitising	 <input type="checkbox"/> Highly Flammable
 <input type="checkbox"/> Corrosive	 <input type="checkbox"/> Biological	 <input type="checkbox"/> Flammable
 <input type="checkbox"/> Harmful	 <input type="checkbox"/> Oxidising	 <input type="checkbox"/> Environmental

Hazard Type

Gas
 Vapour
 Mist
 Fume
 Dust
 Liquid
 Solid
 Other (State) _____

Route of Exposure

Inhalation
 Skin
 Eyes
 Ingestion
 Other (State) _____

Workplace Exposure Limits (WELs) please indicate n/a where not applicable

Long-term exposure level (8hrTWA): _____









Short-term exposure level (15 mins): _____

What are the workplace hazards and risks (for example contaminated work area, slippery surfaces)

Control Measures: (for example disinfection, non slip flooring, training, supervision).

Is health surveillance required? Yes No
(if yes, contact the occupational health clinic-Sister Jane Taylor)

Personal Protective Equipment

 Dust mask <input type="checkbox"/>	 Respirator <input type="checkbox"/>	 Face shield <input type="checkbox"/>	 Goggles <input type="checkbox"/>	 Other <input type="checkbox"/>
 Gloves <input type="checkbox"/>	 Safety shoes <input type="checkbox"/>	 Lab coat <input type="checkbox"/>		

First Aid Measures

Chemical spill: _____

Biological spill: _____

Physical Injury(cut/fall): _____

Disposal and Storage of Chemicals and Samples

Hazardous Chemical Waste Sluice Cold room Other

(If Other Please State):

Are risks adequately controlled? Yes No

Risk Rating Following Control Measures

High Medium Low

If any medium to high risks remain, please re-evaluate the risk assessment or seek supervision

Assessed by: _____ Date: _____ Re-evaluation Date: _____

By signing this sheet you are certifying that you have read and understood the risk assessment listed. You also understand that you are not to operate any laboratory activities outside of the safety bounds listed in the Risk Assessments, and you agree to implement the control measures and understand the risks involved with each activity.