

Hazardous Substances Risk Assessment

1. Assessment Details

Substance name:	Assessment by:	Site:
Supplier name and address:	Position:	Assessment date:
	Assessment ref:	Review date:
Use of substance:	Quantity used:	Concentration:
	Frequency of use:	WEL:

2. Persons Exposed

(X as applicable)

<input type="checkbox"/> Office staff	<input type="checkbox"/> Cleaners	<input type="checkbox"/> Visitors
<input type="checkbox"/> Factory staff	<input type="checkbox"/> Maintenance staff	<input type="checkbox"/> General public
<input type="checkbox"/> Warehouse staff	<input type="checkbox"/> Contractors	<input type="checkbox"/> Other specify: <input type="text"/>

3. Hazard Category

(X as applicable)

<input type="checkbox"/> Corrosive	<input type="checkbox"/> Harmful	<input type="checkbox"/> Very toxic
<input type="checkbox"/> Irritant	<input type="checkbox"/> Toxic	<input type="checkbox"/> Other (specify below)
<p>Risk phrases:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		

4. Harmful By

(X as applicable)

<input type="checkbox"/> Absorption	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Skin Contact
<input type="checkbox"/> Ingestion	<input type="checkbox"/> Eye Contact	<input type="checkbox"/> Other (specify below)
<p>Comments:</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div>		

5. Control Measures

(X as applicable)

- | | | |
|--|---|--|
| <input type="checkbox"/> Quantity and use of substance minimised | <input type="checkbox"/> Concentration of substance minimised | <input type="checkbox"/> Alternative substances considered |
| <input type="checkbox"/> Hazard data sheet reviewed (attached) | <input type="checkbox"/> Staff trained on substance hazards | <input type="checkbox"/> Exposure to substance minimised |
| <input type="checkbox"/> Safe system of work established | <input type="checkbox"/> Staff trained on safe use of substance | <input type="checkbox"/> Warning signs displayed |
| <input type="checkbox"/> Work area supervised | <input type="checkbox"/> Work area periodically inspected | <input type="checkbox"/> PPE issued and worn |
| <input type="checkbox"/> Health surveillance undertaken | <input type="checkbox"/> Emergency arrangements in place | <input type="checkbox"/> Other (specify below) |

Comments:

6. Personal Protective Equipment Required

(X as applicable)

- | | | |
|-----------------------------------|--|--|
| <input type="checkbox"/> Gloves | <input type="checkbox"/> Respirator | <input type="checkbox"/> Eye Protection |
| <input type="checkbox"/> Footwear | <input type="checkbox"/> Liquid-proof clothing | <input type="checkbox"/> Other (specify below) |

Comments:

7. Storage and Disposal arrangements

Comments:

8. Emergency Arrangements

Comments (including, where appropriate, those in relation to accidental spillage, first aid, fire and evacuation):

9. Risk Rating

(X as applicable)

Severity	Likelihood	Risk Rating (Severity x Likelihood)	Score
<input type="checkbox"/> 4 = Catastrophic	<input type="checkbox"/> 4 = Almost certain	<input type="checkbox"/> 12 to 16	VERY HIGH
<input type="checkbox"/> 3 = Serious	<input type="checkbox"/> 3 = Likely	<input type="checkbox"/> 8 to 11	HIGH
<input type="checkbox"/> 2 = Moderate	<input type="checkbox"/> 2 = Possible	<input type="checkbox"/> 4 to 7	MEDIUM
<input type="checkbox"/> 1 = Minor	<input type="checkbox"/> 1 = Very remote	<input type="checkbox"/> 1 to 3	LOW
			<input type="text"/>

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