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| **Safety Form** | | | | | | |
| ***CHEMICAL RISK ASSESSMENT*** | | | | | | |
| ***Location:*** | | ***Department/Group/Section:*** | | | | |
| ***INFORMATION ON HAZARDOUS CHEMICAL REFERRING TO SAFETY GUIDELINE*** | | | | | | |
| ***Hazardous chemical/substance:*** | | ***Trade name:*** | | | | |
| ***Description of the activity:*** | | | | | | |
| Is the chemical? *(Check for a pictogram in section 2 of the safety data sheet).* | | | | | | |
| Explosive substance | CMR[1](#_bookmark0) | Acute toxicity | | | | Hazardous to the aquatic environment |
| Flammable substance | Specific Target Organ Toxicity (STOT) | Corrosive | | | | Other |
| Oxidizing substance | Respiratory sensitizer | Irritant/Skin sensitizer | | | |
| Can a non/less hazardous chemical be used for this activity? If ‘yes’ give reasons for not using: | | | Yes |  | No |  |
| ***CHEMICAL RISK ASSESSMENT (INHALATION) REFERRING TO SAFETY GUIDELINE*** | | | | | | |
| To which Hazard Band is the chemical assigned? A | | B | C |  | D | E |
| How volatile is the chemical? Low Medium | | High |  |  |  |  |
| What amount of the chemical is used? Small Medium | | |  | Large |  |  |
| What is the calculated risk level? 1 2 3 | | 4 |  |  |  |  |
| How often and for how long is the chemical used? (Per day, week, month) | | | | | | |
| Who is exposed to the chemical? (Indicate names)  CERN Staff CERN Users Public Students Contractors Others | | | | | | |

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| ***PREVENTION AND PROTECTION MEASURES REFERRING TO GSI-C-1*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| What control measures are required for this chemical, other than Personal Protective Equipment (PPE)? | | | | | | | | | | | | | | | | | | | | | | | | | |
| General ventilation  Glove box (indicate ID No. of item)  Fume cupboard (indicate ID No. of item)  Capturing hood (or other LEV[2](#_bookmark1)) (indicate ID No. of item) | | | | | | | | | Work instructions or procedures (Give ref.)  Other (state type required) | | | | | | | | | | | | | | | | |
| Is any Personal Protective Equipment (PPE) required when using the chemical? | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | Eye protection | | |  | Mask/respirator (give ref.) | | | | | | | | | | | | | | | | |
|  | | | | | Eye and Face protection | | |  | Gloves (give ref.) | | | | | | | | | | | | | | | | |
|  | | | | | Overalls/clothing | | |  | Other (give ref.) | | | | | | | | | | | | | | | | |
| ***Description of exposure monitoring:*** (describe proposed exposure monitoring for chemicals, and give results in relation to any occupational exposure limits for the chemicals concerned) | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storage requirements? | | | | | | | | | | | | | | | | | | | | | | | | | |
| Spill retention Local exhaust ventilation | | | | | | | Access control/locked cupboard | | | | | Incompatible materials/ chemicals (give details) | | | | | | | | | | | | | |
| How have workers been provided with information or training? (Give details)  Training course Individual instruction supported by written information | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***OTHER PRECAUTIONS & EMERGENCY PROCEDURES*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Safety shower/eye wash | | | | | | First-aid (give details) | | Absorbent materials (specify) | | | | | Fire protection measures  (give details) | | | | | | | | | | | | |
| ***EVALUATION & ACTIONS*** | | | | | | | | | | | | | | | | | | | | | | | | | |
| Are all the controls detailed above currently in place? | | | | | | | | | | | | | | Yes | | | | | | | | | | | No |
| If these controls are not in place or additional controls are required, state action to be taken.  Please note – hazardous chemical agents must NOT be used if adequate control measures are not in place. | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Remedial actions required*** | | | | | | | | | | | ***Date for completion*** | | | ***Assigned to*** | | | | | | | | | | | |
|  | | | | | | | | | | | dd/mm/yyyy dd/mm/yyyy dd/mm/yyyy  dd/mm/yyyy | | |  | |  | |  | |  | |  | |  | |
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| ***TRACEABILITY*** | | | |
| ***Reference No.:*** | | | ***EDMS No.:*** |
| The assessor signs to certify that hazards to health are adequately controlled with all control measures in place. | | | |
| ***Assessor(s) name:*** | ***Assessor(s) signature:*** | ***Date:*** dd/mm/yyyy | |
| ***Assessor(s) name:*** | ***Assessor(s) signature:*** | ***Remedial actions complete:***  dd/mm/yyyy | |
| ***Assessor(s) name:*** | ***Assessor(s) signature:*** | ***Reviewed on***[3](#_bookmark2)***:***  No change  Changes (give ref. or ver. No. of new assessment) | |
| The HSE Unit shall authorize the start of activities having major Safety implications. | | | |
| ***HSE Unit (name):*** | ***HSE Unit signature:*** | ***Date:*** dd/mm/yyy | |
| ***Distribution list:*** (Organic Unit, HSE Unit, DSO, TSO) | | | |

A copy of the safety data sheet(s) concerned by this assessment must be available for consultation. A copy of this assessment shall be kept in a known and readily accessible location.