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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 ventilationGlove 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/yyyydd/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 changeChanges (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.