

## 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).

 <input type="checkbox"/> Explosive substance	 <input type="checkbox"/> CMR <sup>1</sup>	 <input type="checkbox"/> Acute toxicity	 <input type="checkbox"/> Hazardous to the aquatic environment
 <input type="checkbox"/> Flammable substance	 <input type="checkbox"/> Specific Target Organ Toxicity (STOT)	 <input type="checkbox"/> Corrosive	<input type="checkbox"/> Other
 <input type="checkbox"/> Oxidizing substance	 <input type="checkbox"/> Respiratory sensitizer	 <input type="checkbox"/> Irritant/Skin sensitizer	

 Can a non/less hazardous chemical be used for this activity?  Yes  No

If 'yes' give reasons for not using:

#### 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

<sup>1</sup> Carcinogen, Mutagen, or substance toxic to

<b>PREVENTION AND PROTECTION MEASURES REFERRING TO GSI-C-1</b>			
What control measures are required for this chemical, other than Personal Protective Equipment (PPE)?			
<input type="checkbox"/> General ventilation <input type="checkbox"/> Glove box (indicate ID No. of item) <input type="checkbox"/> Fume cupboard (indicate ID No. of item) <input type="checkbox"/> Capturing hood (or other LEV <sup>2</sup> ) (indicate ID No. of item)	<input type="checkbox"/> Work instructions or procedures (Give ref.)  <input type="checkbox"/> Other (state type required)		
Is any Personal Protective Equipment (PPE) required when using the chemical?			
	<input type="checkbox"/> Eye protection		<input type="checkbox"/> Mask/respirator (give ref.)
	<input type="checkbox"/> Eye and Face protection		<input type="checkbox"/> Gloves (give ref.)
	<input type="checkbox"/> Overalls/clothing		<input type="checkbox"/> Other (give ref.)
<b>Description of exposure monitoring:</b> (describe proposed exposure monitoring for chemicals, and give results in relation to any occupational exposure limits for the chemicals concerned)			
Storage requirements?			
<input type="checkbox"/> Spill retention Local exhaust ventilation	<input type="checkbox"/> Access control/locked cupboard	<input type="checkbox"/> Incompatible materials/chemicals (give details)	
How have workers been provided with information or training? (Give details)			
<input type="checkbox"/> Training course <input type="checkbox"/> Individual instruction supported by written information			
<b>OTHER PRECAUTIONS &amp; EMERGENCY PROCEDURES</b>			
<input type="checkbox"/> Safety shower/eye wash	<input type="checkbox"/> First-aid (give details)	<input type="checkbox"/> Absorbent materials (specify)	<input type="checkbox"/> Fire protection measures (give details)
<b>EVALUATION &amp; ACTIONS</b>			
Are all the controls detailed above currently in place?			<input type="checkbox"/> Yes <input type="checkbox"/> 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.			
<i>Remedial actions required</i>	<i>Date for completion</i>	<i>Assigned to</i>	
	dd/mm/yyyy dd/mm/yyyy dd/mm/yyyy dd/mm/yyyy		

<sup>2</sup> LEV – Local Exhaust Ventilation

<b>TRACEABILITY</b>		
<b>Reference No.:</b>		<b>EDMS No.:</b>
The assessor signs to certify that hazards to health are adequately controlled with all control measures in place.		
<b>Assessor(s) name:</b>	<b>Assessor(s) signature:</b>	<b>Date:</b> dd/mm/yyyy
<b>Assessor(s) name:</b>	<b>Assessor(s) signature:</b>	<b>Remedial actions complete:</b> dd/mm/yyyy
<b>Assessor(s) name:</b>	<b>Assessor(s) signature:</b>	<b>Reviewed on<sup>3</sup>:</b> <input type="checkbox"/> No change <input type="checkbox"/> Changes (give ref. or ver. No. of new assessment)
The HSE Unit shall authorize the start of activities having major Safety implications.		
<b>HSE Unit (name):</b>	<b>HSE Unit signature:</b>	<b>Date:</b> dd/mm/yyyy
<b>Distribution list:</b> (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.

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<sup>3</sup> The risk assessment must be regularly reviewed and updated when necessary.