











		Date:	Version No: 1
Completed by			
Job Title			
Project name			

Put a cross in appropriate boxes

											
Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

							
Yes	No	Yes	No	Yes	No	Yes	No

WHAT IS THE ACTIVITY?
WHAT ARE HAZARDS FROM THIS ACTIVITY? (all hazards associated with the task should be entered here)
THOSE AT RISK OF EXPOSURE (staff, public and others)

Name, form (liquid, solid, powder or pellets)	Data sheet Y/N	Hazard category e.g. toxic, risk phrase(s)	Route(s) of exposure	Effects of exposure

EXISTING PRECAUTIONS (What controls are currently in place and are they adequate?)
Engineering measures (indicate if used)
Complete enclosure <input type="checkbox"/> biological safety cabinet (specify containment level) <input type="checkbox"/> Fume cupboard <input type="checkbox"/> other LEV <input type="checkbox"/> general ventilation <input type="checkbox"/> other (describe) <input type="checkbox"/>
Procedural measures (indicate if used)
Written instructions / procedures <input type="checkbox"/> Training <input type="checkbox"/> Health surveillance <input type="checkbox"/> Air monitoring <input type="checkbox"/> Fit-testing for RPE <input type="checkbox"/>
Personal protective equipment (indicate if used)

Face & eyes: visor goggles spectacles Hands: Respiratory (RPE)
 Other: (specify)
 Specify grade, type etc:

FURTHER CONTROL MEASURES REQUIRED (list further action needed to adequately control exposure)

Summary of measures (List measures relating to storage, handling, disposal and emergency measures). Also list any monitoring of controls.

WITH THESE CONTROLS THE RISK OF EXPOSURE IS (CIRCLE)

Unacceptable

Further controls required

Adequately controlled

Need more information

Print Name of assessor:

Date:

Signature of assessor:

Date:

Print Name of authoriser:

Date:

Signature of authoriser:

Date:

