

ohsrm PART B – Hazardous Substances Risk Assessment Supplement

This form must be attached to the relevant ohsrm PART B, together with any other supporting documentation.

Ref. #	Description of the task involving a hazardous substance(s)	Priority	Date

Chemical/s involved (list)	Classification (from MSDS)	
	Hazardous (NOHSC Criteria)	Dangerous Goods Class (ADG Code)
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an MSDS for each substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Has an entry been made in the Hazardous Substances Register?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Can any of these substances be substituted with a less hazardous substance?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Task Summary
 Include a step by step summary of the processes including the quantities and concentration of substances used.

Are any hazardous substances formed as a by-product of this task?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
How will the waste products be collected, treated and disposed?		

Hazardous nature of the Substance(s) – refer to the MSDS(s)

Health Effects	Other Physical Hazards	
<input type="checkbox"/> Toxic – single exposure <input type="checkbox"/> Hazardous to health - repeated or prolonged exposure	<input type="checkbox"/> Asphyxiate	<input type="checkbox"/> Flammable
	<input type="checkbox"/> Corrosive	<input type="checkbox"/> Oxidiser
	<input type="checkbox"/> Irritant	<input type="checkbox"/> Reactive
	<input type="checkbox"/> Sensitiser	<input type="checkbox"/> Infectious – refer to the Biosafety Checklist
	<input type="checkbox"/> Carcinogenic	<input type="checkbox"/> Radioactive – refer to Radiation Risk Assessment Form
	<input type="checkbox"/> Mutagenic	<input type="checkbox"/> Harmful to the environment
<input type="checkbox"/> Teratogenic		
<input type="checkbox"/> Cytotoxic		
Hazard Level of Substance(s) used or generated:	<input type="checkbox"/> High	<input type="checkbox"/> Medium <input type="checkbox"/> Low

Who performs the task?

Name	Position	Experience & Training	Characteristics that increase risk (eg. allergies, sensitivity)

Control measures - existing or proposed

<input type="checkbox"/> Smallest possible volumes are used	<input type="checkbox"/> Fume Cupboard	<input type="checkbox"/> Restricted Access	<input type="checkbox"/> Gloves (Type)
<input type="checkbox"/> Lowest possible concentration is used	<input type="checkbox"/> Biosafety Cabinet	<input type="checkbox"/> Safe Work Procedures (documented and used)	<input type="checkbox"/> Safety Glasses
<input type="checkbox"/> Shortest possible duration of exposure	<input type="checkbox"/> Cytotoxic Cabinet	<input type="checkbox"/> Training / Supervision	<input type="checkbox"/> Full Face Shield
<input type="checkbox"/> Separation from ignition sources	<input type="checkbox"/> Local exhaust ventilation	<input type="checkbox"/> Colleague in attendance	<input type="checkbox"/> Lab Coat/Gown
<input type="checkbox"/> Separation from incompatible substances	<input type="checkbox"/> General Ventilation		<input type="checkbox"/> Respirator (Type)

Exposure to substance(s) during this task			
How often is and for how long is this task carried out? (eg. twice per week for 20 min)			
Likely Routes of Exposure – with existing controls	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Ingestion	<input type="checkbox"/> Injection
	<input type="checkbox"/> Skin contact	<input type="checkbox"/> Eye contact	
Estimated Level of Exposure – with existing controls	<input type="checkbox"/> Not significant	<input type="checkbox"/> Medium	<input type="checkbox"/> High
	<input type="checkbox"/> Low	<input type="checkbox"/> Uncertain – further investigation required	

Likelihood of fire or explosion	<input type="checkbox"/> N/A	<input type="checkbox"/> Not Significant	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Likelihood of a dangerous reaction	<input type="checkbox"/> N/A	<input type="checkbox"/> Not Significant	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High
Likelihood of a spill	<input type="checkbox"/> N/A	<input type="checkbox"/> Not Significant	<input type="checkbox"/> Low	<input type="checkbox"/> Medium	<input type="checkbox"/> High

Emergency Facilities		
<input type="checkbox"/> An appropriate spill kit is available	<input type="checkbox"/> Eye Wash Station	<input type="checkbox"/> First Aid Facilities (NFAO and Kit available)
<input type="checkbox"/> Evacuation Procedures (documented and practiced)	<input type="checkbox"/> Safety Shower	<input type="checkbox"/> Other

Additional Control Measures required to ensure safety – refer to ohsrm PART B Step 4

Risk Summary & Conclusion <i>Conclude by considering the risk assessment and choice of risk controls. Tick one only.</i>
<input type="checkbox"/> The risk posed is insignificant and unlikely to increase.
<input type="checkbox"/> The risk is significant, but will be effectively controlled.
<input type="checkbox"/> There is uncertainty about the level of risk – a more detailed assessment is required.
<input type="checkbox"/> The risk is significant and cannot be effectively controlled – this task must be prohibited until the risk can be adequately controlled
Comments:

Consultation - record the names of those consulted when deciding on risk control measures

Note
Risk Assessments must be reviewed every 3 years or whenever the task, substances, facilities or personnel performing the task change. Risk assessments should also be reviewed if new information about the substances being used becomes available.

Review Date	Safe Work Procedures Reference

PART B Supplement completed by: _____ Date: _____