

Chemical Agents Risk Assessment – Part 1 of 3					
Division:			Source of Risk		
HG/CHO/NAS/Function			Primary Impact Category		
Hospital Site / Service			Risk Type		
Dept/Service Site			Name of Risk Owner (BLOCKS):		
Date of Assessment:			Signature of Risk Owner:		
Unique ID No: 017			Risk Co-Ordinator		
			Risk Assessor(s)		
Chemical Name (Concentration):			Chemical Process:		
Number of Employees Exposed:	Categories of employees likely to be exposed: (Tick)			Duration and frequency of contact (Hr/day):	
	Nursing Staff ☐ Medical Staff ☐ Care Staff ☐ Maintenance Staff ☐ Housekeeping ☐ Others (please specify):				
Safety Data Sheet available: Yes ☐ No ☐		Location of SDS :		Date of SDS:	
Amount used and quantity stored	Hazard and risk associated with chemical:		Exposure route(s) (Tick):		Dustiness or Volatility: High, Medium or Low
			Eyes ☐ Skin ☐		

		Ingestion ☐ Inhalation ☐	
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Unique ID Number:

Chemical Agents Risk Assessment – Part 2 of 3									
Classification, Labelling and Packaging (CLP) Hazard Symbols									
CLP SYMBOLS									
	Acute toxicity hazard	Serious long term health hazard	Health hazard	Corrosion Hazard	Environmental hazard	Flammability hazard	Oxidising Hazard	Explosion Hazard	Stored as gas under pressure
Tick appropriate pictogram. Refer to section 2 of SDS									
Insert appropriate signal word i.e. danger or warning . Refer to section 2 of the SDS									
Occupational Exposure Limit Value (OELV) If applicable insert airborne OELV : _____ Refer to Code of Practice to Chemical Agents Regulations 2011 link: http://www.hsa.ie/eng/Publications and Forms/Publications/Chemical and Hazardous Substances/Code of Practice Chemical Agent Regulations 2011.pdf									

Unique ID No

HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES		ADDITIONAL CONTROLS REQUIRED		ACTION OWNER	DUE DATE
INITIAL RISK					Risk Status			
Likelihood			Impact	Initial Risk Rating	Open		Monitor	Closed