

**INCOMING HAZARDOUS SUBSTANCE/DANGEROUS
GOODS ASSESSMENT**

Fill this form out when intending to bring Hazardous Materials or Dangerous Goods onto the 2536 Project Site.

Submit this form for approval at least 7 days prior to intended chemical delivery.

There are NINE classes of "Dangerous Goods" based on the immediate physical or chemical effects, such as fire, explosion, corrosion, poisoning, etc, affecting the environment.

Hazardous substances are classified only on the basis of health effects (whether they are immediate or long term). In most cases the SDS will identify where a substance is hazardous. (See section 2 of SDS).

A copy of the SDS sheet MUST be supplied with this application and one to be kept at the chemical storage unit.

Applicant Information			
Applicant Name:			
Applicant Company:			
Date of Application:	____/____/____		
Details of Chemical			
Chemical Name:			
Other Names:			
Copy of SDS?	<input type="checkbox"/> Yes <input type="checkbox"/> No	SDS Expiry Date:	____/____/____
Copy of SDS attached to application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of SDS to be stored at Storage Container?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Quantity of Chemical:			
Hazardous Status:			
Dangerous Goods Status:			
Storage Information			
Location of Chemical Storage:			
Location on site where chemical to be used:			
Contact Person Information			
Person Responsible:		Contact Number:	
Application Approval			
Reviewed By: (Safety Advisor / Manager)	Signature:	Date: ____/____/____	
Reviewed By: (Environment Advisor / Manager)	Signature:	Date: ____/____/____	
Approved By: (Other)	Signature:	Date: ____/____/____	
Approved By: (Other)	Signature:	Date: ____/____/____	
Consulted: (Health & Safety Representative)	Signature:	Date: ____/____/____	
Reason if not approved:			
Entered onto Register by:	Signature:	Date: ____/____/____	



INCOMING HAZARDOUS SUBSTANCE/DANGEROUS GOODS ASSESSMENT

MMS #
020-F085-100

CHEMICAL RISK ASSESSMENT WORKSHEET

Chemicals MUST be appropriately labeled, in accordance with legislative requirements.

Name of Applicant: _____ Date of Application: _____

Step 1 – Information						
Dangerous Goods: Refer to section 2 of SDS	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, What is the classification:		Is the incoming chemical listed on the Health Surveillance - Hazardous Substances list? (Doc No. E025-020-100 Appendix 1)	<input type="checkbox"/> Y <input type="checkbox"/> N	
Hazardous Substance Refer to section 2 of SDS	<input type="checkbox"/> Y <input type="checkbox"/> N	If yes, What is the UN Number:		First aid kit		
Poisons Schedule				Spill kit		
Who will be responsible for bringing chemical to site and managing it?	<input type="checkbox"/> XXXXX Project personnel			Neutralising agent		
	<input type="checkbox"/> Other If other, who?			Restrict access		
How will the chemical be applied?						
Exposure Route	<input type="checkbox"/> Inhalation	<input type="checkbox"/> Ingestion	Details:			
	<input type="checkbox"/> Skin	<input type="checkbox"/> Injection				
	<input type="checkbox"/> Eye	<input type="checkbox"/> Other				
Step 2 – Preliminary Risk Assessment						
Process	Routes of Exposure		Risk Rating	Controls	Describe Control Measures	Risk Rating After Controls in Place
	Human	Environment				
	Inhalation Skin Eye Ingestion Injection Other Describe	Waterways Drains Basins Soil Air Vegetation	Very High: VH High: H Medium: M Low: L	Elimination: EL Substitution: S Isolation: I Engineering: E Administration: A (Training: T, Standard Operating procedure: SOP) PPE: P		Very High: VH High: H Medium: M Low: L
Storage						
Handling						
Decanting and mixing						
Applying and spraying						
Spillage and clean up						
Disposal						