**HAZARDOUS SUBSTANCES – CHECKLIST**

*Please note that this is a not a substitute for a complete risk assessment, which every business is obliged to conduct. Instead, this checklist focuses on specific issues relevant to hazardous substances. How you assess this issue will depend on the size and nature of your business.*

*If any answers suggest that further action is required, then please address that in response to the questions below. You should address these comments and the remedial action taken at a later date – failure to take such action would indicate non-compliance with health and safety law.*

Do you have any of the following substances in your workplace?

|  |  |  |
| --- | --- | --- |
| **Substance**  | **Yes/No** | **Explanation**  |
| Dusty or fume-laden air |  | Can cause lung disease |
| Metal-working fluids  |  | Can grow bacteria and fungi causing dermatitis or asthma |
| Flowers, bulbs, fruit or vegetables  |  | Can cause dermatitis |
| Wet working |  | Can cause dermatitis |
| Wet cement |  | Prolonged contact can lead to chemical burns or dermatitis |
| Benzene in crude oil |  | Can cause leukaemia |
| Substances which, even in very small quantities could be poisonous? |  | These might spread accidentally by touch |

Name relevant substances:

1. \_\_\_\_\_\_
2. \_\_\_\_\_\_
3. \_\_\_\_\_\_
4. \_\_\_\_\_\_
5. \_\_\_\_\_\_
6. \_\_\_\_\_\_
7. \_\_\_\_\_\_
8. \_\_\_\_\_\_

If you have/use such substances, please add them as hazards in your risk assessment and also consider the following:

1. What is the main risk posed by the substance in question?
2. If appropriate, do you have suitable first-aid equipment/substances to address any problems?
3. Could you eliminate use of the substance?
4. Could you use a safer form?
5. Could you change the process to emit less of the substance?
6. Could you enclose the substance so that it doesn’t affect the whole workplace/workforce?
7. Could you extract emissions close to their source?
8. Have you provided appropriate protective equipment?
9. For dust and fumes, are you monitoring the level of the substance in the air?
10. Can you think of any other measures that would assist?

Employee assessing hazardous substances

Name and job title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_