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| **DETAILS**  |
| **Name** |  |
| **Staff / student number** |  |
| **Contact number** |  |
| **Email** |  |
| **Campus** |  |
| **School/Institute/Centre** |  |
| **Name of your supervisor** |  |
|  |  |
| **PROJECT DETAILS** |
| **Project / task title:**  |  |
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| **HAZARDOUS CHEMICALS INFORMATION** |
| **Name of chemical:** Click or tap here to enter text. |
| **Maximum volume which will be purchased / stored at any one time?** Click or tap here to enter text. |
| **Maximum volume which will be used each time** Click or tap here to enter text. |
| **Maximum volume expected be purchased over the life of the project or task?**Click or tap here to enter text. |
| **Briefly detail what the chemical will be used for:** Click or tap here to enter text. |
| **Use the hazards prompts listed in the properties, administrative / legislative, environment and storage / disposal sections below, marking the ones relevant to the chemical.****Transfer the marked items to the risk assessment form and complete the risk assessment. Also transfer any hazard and precautionary statements from the Safety Data Sheet (SDS) to the Risk Assessment Hazards and detail the controls which are relevant.** |
| **SUBSTANCE PROPERTIES**  |
| ***Indicate which of the following properties are relevant to the chemical being purchased, used or stored.*** |
| Carcinogenic |[ ]  Corrosive |[ ]
| Explosive |[ ]  Environmentally sensitive |[ ]
| Flammable |[ ]  Gas |[ ]
| Irritant |[ ]  Mutagenic |[ ]
| Oxidiser |[ ]  Toxic |[ ]
| Other: (please list) |[ ]   |[ ]

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| **ADMINISTRATIVE / LEGISLATIVE REQUIREMENTS** |
| ***Indicate which of the following administrative / legislative requirements are relevant to the chemical being purchased, used or stored.*** |
| AQIS product |[ ]  Concessional spirit |[ ]
| Health surveillance required |[ ]  Licence / permit conditions apply |[ ]
| Neutralisers / antidotes required |[ ]  Prohibited substance |[ ]
| Scheduled substance, drug or poison |[ ]  Security sensitive substance |[ ]
| Manufacturer’s Safety Data Sheet  |[ ]  Training required |[ ]
| Industrial Chemical Introduction/Imported chemical |[ ]  Other: (please list)Click or tap here to enter text. |[ ]

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| **ENVIRONMENTAL / PPE REQUIREMENTS** |
| ***Indicate which of the following environmental requirements are relevant to the chemical being purchased, used or stored.*** |
| Biological safety cabinet |[ ]  Fume cabinet |[ ]
| Laminar flow cabinet |[ ]  Gloves (detail type on risk assessment below) |[ ]
| Respirator (detail type on risk assessment) |[ ]  Specific safety equipment required (detail type on risk assessment below) |[ ]
| Other: (detail type on risk assessment below) |[ ]   |[ ]

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| **STORAGE / DISPOSAL REQUIREMENTS** |
| ***Indicate which of the following storage / disposal requirements are relevant to the chemical.***  |
| Suitable storage has been identified and location detailed below (including building, room, DG cabinet, bench etc.)**Campus** Click or tap here to enter text.**Building** Click or tap here to enter text. **Room** Click or tap here to enter text. **Location** Click or tap here to enter text. |[ ]
| Chemical has a restricted access or specific storage requirement |[ ]
| Chemical has a limited usage or storage period |[ ]
| Chemical to be handled or stored within a particular temperature range |[ ]
| Chemical becomes unstable, decomposes, or changes creating a different hazard or increased risk |[ ]
| Chemical is incompatible with other substances |[ ]
| The chemical may generate atmospheric emissions which are toxic, corrosive, flammable, explosive or asphyxiant |[ ]
| Specific spill containment procedures apply  |[ ]
| Chemical is of security concern and has security risks of access to the substance by unauthorised persons or unauthorised activities? |[ ]
| Chemical Disposal requirements? |[ ]

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| **Risk Assessment** * Provide detailed description of all hazards identified in tables above (*Insert additional rows if required)*
* Outline in detail the specific controls and determine risk rating using risk matrix
* Specify the control type (from Hierarchy of control).
 |
| **RISK ASSESSMENT** |
| **Hazard** | **Proposed controls** (What will be done to eliminate or reduce the risk?)  | **Risk rating** | **Control type** |
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| **APPROVAL AND ACKNOWLEDGEMENT**  |
| **Assessor’s name:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **Consultant Name:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **Supervisor:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **Facility Manager:**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |
| **HoS/Director**Click or tap here to enter text. | **Signature:** | **Date:**Click here to enter a date. |

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| All additional persons performing these tasks must sign that they have read, understood and will follow the risk assessment*For activities which are low risk or include a large group of people, only the persons undertaking the key activities need to sign below. For all others involved in such activities, the information can be covered by other methods (safety information sheet, safety briefing, induction) providing this is clearly specified in the risk assessment.* |
| **I have read, understood and will follow this risk assessment.** |
| **Name** | **Signature** | **Date** |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |
|  |  | Click here to enter a date. |

**Appendix 1:Risk Rating Guides and Hierarchy of control**

Please consult the [Risk Management Guidelines](https://policy.csu.edu.au/download.php?associated=1&id=532&version=3) for the complete risk guidelines (including impact ratings) and the [Risk Appetite Statement](https://policy.csu.edu.au/download.php?associated=1&id=941) for risk tolerance.

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| **Risk Ratings Matrix** |  |  |  |  |
| **Risk Matrix** | **1. Insignificant** | **2. Minor** | **3. Moderate** | **4. Major** | **5. Catastrophic** |
| **5. Almost Certain** | Medium | High | High | Very High | Very High |
| **4. Likely** | Medium | Medium | High | High | Very High |
| **3. Possible** | Low | Medium | Medium | High | High |
| **2. Unlikely** | Low | Low | Medium | Medium | High |
| **1. Rare** | Low | Low | Low | Low | Medium |

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| **Risk Likelihood Ratings Guide** |
| **Likelihood Rating** | **Description** | **Indicative Frequency of Occurrence**  |
| **5. Almost Certain** | The event will occur within the planning period. | Greater than 90% chance of occurring/known to occur every year. |
| **4. Likely** | The event is likely to occur within the planning period. | 51% to 90% chance of occurring/once every 1-2 years. |
| **3. Possible** | The event may occur within the planning period.  | 30% to 50% chance of occurring/once every 2–3 years. |
| **2. Unlikely**  | The event is not likely to occur in the planning period. | 5% to 30% chance of occurring/once every 3–5 years. |
| **1. Rare** | The event will only occur in exceptional circumstances. | Less than 5% chance of occurring/once every 5–10 years. |

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| **Level of Risk** | **Recommended Action** |
| **Low:** | Manage risk with existing controls in place |
| **Medium:** | Acceptable provided current and additional controls are verified as effective and in place by the site, task or activity manager or their delegate |
| **High** | Only acceptable if it is not practicable or efficient to reduce the level of risk and approved by Division or Faculty head or their delegate |
| **Very high** | Not permitted unless approved by the executive leadership team. If approved, long term reduction plan required. |

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| **Hierarchy of control**  |  |  |  |
| **Level** | **Control** | **Abbreviation**  |
| **1** | **Elimination-** e.g eliminate the chemical or hazard by use of alternative means. | **ELI** |
| **2** | **Substitution-** e.g. substitute with a safe chemical. | **SUB** |
| **3** | **Isolation-** isolate or separate the person from the hazard. | **ISO** |
| **4** | **Engineering-** engineering solution e.g. fume cabinet. | **ENG** |
| **5** | **Administration-** use of procedure, safe working procedures and / or training. | **ADM** |
| **6** | **PPE -** use of personal protective equipment. | **PPE** |

**Appendix 2: Approval Flow charts**

**Research Approval Undergraduate Teaching Approval**

Clinic/Institute Director or delegate

**Research Fieldwork**

**Institute**

**Research Fieldwork**

**School**

**Research Laboratory**

**School**

**Research Laboratory**

**Clinic/Institute**

Researcher/s and participants (e.g. project team members)

Researcher/s and participants (e.g. project team members)

Researcher/s and participants (e.g. project team members)

Researcher/s and participants (e.g. project team members)

Supervisor / Lead Researcher

Supervisor / Lead Researcher

Supervisor / Lead Researcher

Area Technical Manager

Head of School or delegate

Head of School or delegate

Institute Director or delegate

Supervisor / Lead Researcher

Subject Coordinator/convener

**Undergraduate Teaching:**

Laboratory, specialist teaching space, clinical and fieldwork

Area Technical Manager

Head of School or delegate

**Note:** Hazardous Chemical Risk Assessments may be approved by the Area Technical Manager for low/medium risks as per risk assessment procedure