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|  | **Health & Safety Risk Assessment Form** |
| **Ref: CF:003:06:FT** | **RE: Chemical Agents Risk Assessment Form**  |
| **Issue date:** | November 2017 | **Revised Date:** | October 2023 |
| **Author(s):** | National Health & Safety Function |
| **Legislation** | Under the ***Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001*** it is the duty of the employer to identify the hazards and assess the risks associated with the use of chemical agents in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.  |
| **Note:** | When conducting Chemical Agent risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable .*It is the responsibility of local management to implement any remedial actions identified.* |

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| **Chemical Agents Risk Assessment – Part 1 of 3** |
| **Division:** | Select Division. | **Source of Risk:** | Enter Source of Risk. |
| **HG/CHO/NAS/Function:** | Select Area. | **Primary Impact Category:** | Select Primary Impact Category. |
| **Hospital Site / Service:** | Enter Hospital Site/Service. | **Risk Type:** | Select Risk Type. |
| **Dept/Service Site:** | Enter Dept/Service Site. | **Name of Risk Owner (BLOCKS):** | Name of Risk Owner. |
| **Date of Assessment:** | Select date. | **Signature of Risk Owner:** |  |
| **Unique ID No:** | Enter Unique ID No. | **Risk Co-Ordinator:** | N/A for OSH Risk Assessments |
| **Objective being impacted:** | Compliance with OSH legislation and the maintenance of a safe and healthy work environment.  | **[[1]](#footnote-1)Risk Assessor(s):** | Name of Risk Assessor. |
| **Chemical Agents Risk Assessment – Part 2 of 3** |
| **Chemical Name (Concentration):** | Enter Chemical Name. | **Chemical Process:** | Enter Chemical Process. |
| **No of Employees Exposed:** | **Categories of employees likely to be exposed: (Tick)** | **Duration and frequency of contact (Hr/day):** |
| Enter No of Employees Exposed. | **Nursing Staff****Care Staff****Housekeeping** |[ ]  **Medical Staff****Maintenance Staff****Others** |[ ]  Enter Duration and Frequency of Content (Hr/Day). |
|  |  |[ ]   |[ ]   |
|  |  |[ ]   |[ ]   |
| **Safety Data Sheet available:**  | Select Yes/No | **Location of SDS :** | Enter Location of SDS | **Date of SDS:** | Select Date |
| **Amount used and quantity stored** | **Hazard and risk associated with chemical:** | **Exposure route(s) (Tick):** | **Dustiness or Volatility: High, Medium or Low** |
| Enter Amount used and quantity stored.  | Enter Hazard and Risk associated with chemical.  | **Eyes**  | [ ]  | **Dustiness** | **Volatility** |
|  |  | **Skin** |[ ]   |  |
|  |  | **Ingestion** |[ ]  Select Dustiness. | Select Volatility. |
|  |  | **Inhalation** |[ ]   |  |

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| **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 | ExplosionHazard | 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:** Enter OELV.**Refer to** [**Code of Practice to Chemical Agents Regulations**](https://www.hsa.ie/eng/publications_and_forms/publications/chemical_and_hazardous_substances/chemical_agents_and_carcinogens_code_of_practice_2021.html) |

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| **Chemical Agents Risk Assessment – Part 3 of 3** |
| **[[2]](#footnote-2)HAZARD & RISK DESCRIPTION** | **EXISTING CONTROL MEASURES** | **ACTIONS [ADDITIONAL CONTROLS] REQUIRED** | **[[3]](#footnote-3)ACTION OWNER** | **DUE** **DATE** |
|  |  |  |  |  |
| Identify the hazard and describe who might be harmed, how, where and when. | Enter Existing Control Measures | Document Additional Controls Required | Enter person responsible for implementation of control measure.  | Select Date. |
| **[[4]](#footnote-4)Inherent Risk** | **[[5]](#footnote-5)Residual Risk**  | **[[6]](#footnote-6)Target Risk**  | **Risk Status**  |
| **Likelihood [1-5]** | **Impact** **[1-5]**  | **Rating****[Likelihood x Impact]** | **Likelihood****[1-5]** | **Impact** **[1-5]** | **Rating****[Likelihood x Impact]** | **Likelihood****[1-5]** | **Impact**  **[1-5]** | **Rating****[Likelihood x Impact]** | **Open**  | **Monitor**  | **Closed** |
| Select Likelihood. | Select Impact |  Likelihood X Impact = Risk Rating  | Select Likelihood. | Select Impact |  Likelihood X Impact = Risk Rating  | Select Likelihood. | Select Impact |  Likelihood X Impact = Risk Rating  |[ ] [ ] [ ]

1. Risk Assessor required for OSH risks only. [↑](#footnote-ref-1)
2. Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only. [↑](#footnote-ref-2)
3. Person responsible for the action. [↑](#footnote-ref-3)
4. Rating **before** consideration of existing controls. [↑](#footnote-ref-4)
5. Rating **after** consideration of existing controls. [↑](#footnote-ref-5)
6. Desired rating **after** actions. [↑](#footnote-ref-6)