

How to use: complete one form per hazardous substance (or closely related group). Refer to the supplier's Safety Data Sheet. Record significant findings only — not every minor detail considered. Review at least annually, or sooner if the substance, process or controls change.

Assessment reference no.

Site / department

1. SUBSTANCE IDENTIFICATION

Product name (as on supplier label)

Internal reference no.

Supplier name & contact details

Safety Data Sheet date / version

Cite the SDS version you assessed against.

2. SUBSTANCE DESCRIPTION AND USE

What the substance is and what it is used for in this workplace

E.g. "Sodium hypochlorite solution (3–5% available chlorine) used for sanitising washroom surfaces."

3. HAZARD CLASSIFICATION (CLP)

Tick all applicable hazard pictograms (from Section 2 of the SDS):

<input type="checkbox"/> Explosive (GHS01)	<input type="checkbox"/> Flammable (GHS02)	<input type="checkbox"/> Oxidising (GHS03)
<input type="checkbox"/> Gas under pressure (GHS04)	<input type="checkbox"/> Corrosive (GHS05)	<input type="checkbox"/> Acute toxicity (GHS06)
<input type="checkbox"/> Health hazard / irritant (GHS07)	<input type="checkbox"/> Serious health hazard (GHS08)	<input type="checkbox"/> Environmental hazard (GHS09)

Signal word:

Danger

Warning

None

Hazard statements (H-codes)

E.g. H314 (causes severe skin burns and eye damage), H400 (very toxic to aquatic life).

4. WORKPLACE EXPOSURE LIMIT (WEL)

8-hour TWA

From HSE EH40. Leave blank if no WEL applies.

15-minute STEL

From HSE EH40, if applicable.

If no WEL exists:

Control to as low as reasonably practicable (ALARP)

5. QUANTITIES AND FREQUENCY OF USE

Quantity used, how often, over what period

Be specific. "200 ml per shift, daily" is more useful than "small amounts".

6. WHO IS EXPOSED

Job roles or named persons exposed, including indirect exposure (cleaners, maintenance, public)

Vulnerable groups present:

Pregnant / breastfeeding

Young workers (<18)

Pre-existing conditions

None

7. ROUTES OF EXPOSURE

Applicable routes:

Inhalation

Skin

Eye

Ingestion

Injection / puncture

Most significant route for this substance and use

8. LEVEL OF EXPOSURE AND RISK EVALUATION

Overall risk rating:

Low

Medium

High

Rationale — likely level of exposure under current conditions and whether adequately controlled

Judge the substance as actually used in this workplace, not in the abstract.

9. EXISTING CONTROL MEASURES

Engineering controls (LEV, enclosure, ventilation)

Organisational controls (procedures, restricted access, supervision)

Personal protective equipment (PPE) — specify standard, type, replacement criteria

"Nitrile chemical-resistant gloves (BS EN ISO 374-1 Type A), replaced when contaminated" is stronger than "gloves provided".

10. ADDITIONAL CONTROLS REQUIRED — ACTION PLAN

#	Action required	Owner	Target date	Completed
1				<input type="checkbox"/>
2				<input type="checkbox"/>
3				<input type="checkbox"/>
4				<input type="checkbox"/>

11. STORAGE AND HANDLING REQUIREMENTS

Storage location, container type, segregation from incompatible substances

12. EMERGENCY ARRANGEMENTS

First aid (SDS §4) — skin / eye / inhalation / ingestion

Spill response (SDS §6)

Fire response (SDS §5)

13. HEALTH SURVEILLANCE

Required under Reg. 11?

Yes — formal

Skin observation only

No

Type of surveillance and frequency (if applicable)

14. TRAINING REQUIREMENTS

What workers must be trained on for this substance (Regulation 12)

Recognition of CLP pictograms, correct use of controls, emergency response.

15. REVIEW AND SIGN-OFF

Assessor name & role

Assessment date

Next review date

Assessor signature

Reviewed by (name & signature)

Review triggers: change of product, supplier or process · new SDS version · exposure incident or near-miss · health surveillance finding · change in personnel groups exposed · annual review reached.