

CHEMICAL SAFETY CHECKLIST

Product Name: _____		
1. What is the product used for?		
2. Who uses it?		
3. The name of the company who supplies this product:		
4. Is the chemical hazardous? (check with supplier)	Yes ☐	No ☐
5. Is the chemical a Dangerous Good?	Yes ☐	No ☐
6. What quantity is kept in the workplace?		
7. What is the Dangerous Goods Class and Packaging Group?		
8. Is Dangerous Goods License required or kept (Check relevant State/Territory requirements)?	Yes ☐	No ☐
9. Is the product clearly labelled?	Yes ☐	No ☐
10. Is a Material Safety Data Sheet (MSDS) needed for this product? (Check with your supplier if uncertain)	Yes ☐	No ☐
11. Does the workplace have the MSDS for this product?	Yes ☐	No ☐ I
12. Is the MSDS recorded in the Hazardous Substances Register?	Yes ☐	No ☐
13. Do employees know about the MSDS and have access to it at all times?	Yes ☐	No ☐
14. What does the MSDS tell me about: (a) <i>What harm the product can cause:</i> (b) <i>What safety measures need to be in place for this product when:</i> i. <i>Storing</i> ii. <i>Using</i> iii. <i>Disposing</i>		
15. Is workplace monitoring required?	Yes ☐	No ☐
16. Is Health surveillance required?	Yes ☐	No ☐
17. Are employees: (a) <i>Consulted about the use of the product?</i> Yes ☐ No ☐ (b) <i>Aware of any harmful effects?</i> Yes ☐ No ☐ (c) <i>Provided with the correct safety equipment?</i> Yes ☐ No ☐ (d) <i>Trained in its storage, use, disposal and emergency procedures?</i> Yes ☐ No ☐		
18. Does the workplace have appropriate first aid to deal with splashes or other incidents?	Yes ☐	No ☐

Risk Assessment**Priority
Number****How dangerous is the Hazard?**

What is the Risk Priority Number for this chemical (refer to Risk Assessment Matrix)?

18. How can I improve safety?

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|--|------------------------------|-----------------------------|
| (a) Is a safer product available? | Yes ☐ | No ☐ |
| (b) Can I minimise risks by: | Yes ☐ | No ☐ |
| i. Buying smaller quantities to avoid decanting, spillage, splashes etc? | Yes ☐ | No ☐ |
| ii. Using a lesser concentration? | Yes ☐ | No ☐ |
| iii. Can engineering controls be used? | Yes ☐ | No ☐ |
| iv. Is ventilation adequate | Yes ☐ | No ☐ |
| v. Emergency procedures and equipment in place? | Yes ☐ | No ☐ |
| vi. Wastes disposed of safely? | Yes ☐ | No ☐ |
| vii. Safe work procedures in place? | Yes ☐ | No ☐ |