Hazardous Chemicals Pre-purchase Checklist

Where the assessment of risk is not obvious, the following Checklist is designed to provide a process to record and analyse all the information available and to assist in developing controls. Where the shaded areas are checked () then consideration to changing the process etc. to get the alternate response should be given. Findings should be summarised on page one of this form.

**Check the** [**Department for Education’s approved Hazardous Chemicals**](http://cshwsa.org.au/download/1886/) **list.**

**If the hazardous chemical is listed, no need to complete this checklist**.

**If it isn’t on the list, please complete this checklist and forward to the WHS Coordinator**.

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| **The Chemicals** |
| 1. Can you do without this Chemical?
 | YES | NO |
| 1. Is there a safer alternative?
 | YES | NO |
| If yes to these two questions consider making changes now! |  |  |
| 1. Is this hazardous chemical in a form that can become airborne?
 | YES | NO |
| 1. Can the hazardous chemical be breathed in?
 | YES | NO |
| 1. Is there potential for skin contact with the chemical?
 | YES | NO |
| 1. Is there potential for eye contact with the chemical?
 | YES | NO |
| 1. Attach a note on any action that has already been taken to reduce exposure and the effectiveness of these?
 | YES | NO |
| 1. Is there ready access to an SDS?
 | YES | NO |
| 1. Is there any recommended antidote?
 | YES | NO |
| 1. Are all containers labelled including decanted product and solutions?
 | YES | NO |
| 1. Is there a risk from accidental mixing or contamination?
 | YES | NO |
| **The Process /Job / Use** |
| 1. Are there any actions or circumstances where the chemicals can be breathed in?
 | YES | NO |
| 1. Is there any visible smoke, dust, fumes, or mists in the air or strong smell?
 | YES | NO |
| 1. Are there any atmospheric exposure limits?
 | YES | NO |
| 1. Are there any actions or circumstances where the chemicals can contact the skin?
 | YES | NO |
| 1. Are there any actions or circumstances where the chemicals can contact the eye?
 | YES | NO |
| 1. Is the chemical ever transferred to another container?
 | YES | NO |
| 1. Are containers an appropriate size?
 | YES | NO |
| 1. Is the container suitable for its use?
 | YES | NO |
| 1. Is there an adequate disposal method for the containers?
 | YES | NO |
| **The Work Environment** |
| 1. Is there any natural ventilation?
 | YES | NO |
| 1. Is there any air conditioning?
 | YES | NO |
| 1. Are there any blocked or dirty vents or dust pre filters in the ventilation system?
 | YES | NO |
| 1. Is there any exhaust ventilation / extraction?
 | YES | NO |
| 1. Are storage areas appropriate?
 | YES | NO |
| 1. Is there adequate labelling and placarding of storage areas?
 | YES | NO |
| 1. Are fire extinguishers available, correct type and maintained?
 | YES | NO |
| 1. Are emergency exits signed?
 | YES | NO |
| 1. Are staff free from risk from the residue left on work surfaces?
 | YES | NO |
| **Individual Characteristics** |
| 1. Do people complain of headaches, sore eyes, skin irritation or breathing problems?
 | YES | NO |
| 1. Are staff aware of symptoms of acute exposure to the chemicals and the recommended responses?
 | YES | NO |
| 1. Is the operator aware of the safe operating procedures?
 | YES | NO |
| 1. Are the safe operating procedures followed?
 | YES | NO |
| 1. Are all staff aware of the symptoms of acute exposure and the immediate response required?
 | YES | NO |
| 1. Are staff aware of the risks from vehicle exhaust, welding, dusts, etc?
 | YES | No |
| 1. Are staff aware of the consequences of mixing Chemicalss?
 | YES | NO |
| **Management** |
| 1. Are dilution and extraction systems adequate for their purpose and regularly maintained?
 | YES | NO |
| 1. Is water available for washing Chemicals off the skin?
 | YES | NO |
| 1. Is the workplace clean and is constant cleanup part of the task?
 | YES | No |
| 1. Is appropriate personal protective equipment matched to the task available and used?
 | YES | No |
| 1. Have safe operating procedures designed to eliminate or reduce exposure been introduced?
 | YES | No |
| 1. Are procedures regularly reviewed through staff consultation
 | YES | No |
| 1. Are controls in place to prevent unauthorised access to hazardous chemicals?
 | YES | No |
| 1. Are chemicals frequently stored in temporary locations?
 | YES | NO |
| 1. Is storage in accordance with SDS and label?
 | YES | NO |
| 1. Are emergency facilities and first aid adequate?
 | YES | NO |
| 1. Are procedures dealing with emergencies, spills or waste discussed and practiced regularly?
 | YES | NO |
| 1. Is the SDS register available to all staff?
 | YES | NO |
| 1. Has it been necessary to measure atmospheric contaminants or test the health of staff?
 | YES | NO |