**WORKPLACE SUBSTANCES CHECKLIST**

This template is intended to assist member businesses develop their own workplace checklist. The following information should be used as a guide only. Any wording changes, other than those to insert a business name, may change the context, meaning or purpose of the checklist. We recommend you receive advice from the Victorian Chamber of Commerce and Industry prior to making such changes.

Contacting the Victorian Chamber of Commerce and Industry

The Victorian Chamber’s team of experienced health, safety and wellbeing and workplace relations advisors can assist members with a range of health, safety, wellbeing, employment, human resources and industrial relations issues.

Our experienced health, safety and wellbeing and workplace relations consultants can also provide assistance to both members and non-members on a range of more complex matters for a fee-for-service. The consultants can, among other things, provide health, safety and wellbeing consulting and training to employees, conduct investigations and provide representation at proceedings at the Fair Work Commission.

For assistance or more information, please contact the Advice Line on **(03) 8662 5222.**

**Disclaimer**

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WORKPLACE SUBSTANCES CHECKLIST

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Product name:** |  | | | | **Generic name:** | |  | | | | | | |
| **Position title:** |  | | | | **Company:** | | |  | | | | | |
| **Date checklist completed** |  | | | | **Date for review** | | |  | | | | | |
| **Name of person completing checklist** | | |  | | | | | | | | | | |
| **What is the product used for (outline the work activity)?** | | | | | | | | | | | | | |
| **The name of the company supplying this product:** | | | | | | | | | | | | | |
|  | | | | | | | | | | **YES** | | **NO** | |
| 1. Is the product clearly labelled? | | | | | | | | | | ❒ | | ❒ | |
| 1. Is an SDS needed for this product? (Check with your supplier if uncertain) | | | | | | | | | | ❒ | | ❒ | |
| 1. Does the workplace have the current SDS for this product? | | | | | | | | | | ❒ | | ❒ | |
| 1. Is the SDS recorded in the Hazardous Substances Register? | | | | | | | | | | ❒ | | ❒ | |
| 1. Do employees always know about the SDS and have access to it ? | | | | | | | | | | ❒ | | ❒ | |
| **Hazardous Nature of the Chemicals (Refer to the SDS)** | | | | | | | | | | | | | |
| ❒ Corrosive | | ❒ Acute toxicity | | | | ❒ Dangerous when wet (DG Class 4.3) | | | | | | | |
| ❒ Mutagen | | ❒ Reproductive effects | | | | ❒ Oxidizer (DG Class 5) | | | | | | | |
| ❒ Irritant | | ❒ Explosive | | | | ❒ Harmful to the environment | | | | | | | |
| ❒ Sensitiser | | ❒ Radioactive | | | | ❒ Asphyxiant | | | | | | | |
| ❒ Carcinogen | | ❒ Flammable | | | | ❒ Spontaneously combustible (DG Class 4.2) | | | | | | | |
| **Exposure to the Substance** | | | | | | | | | | | | | |
| **How often is this work activity performed (duration)?** | | | | | | | | | | | | | |
| **Level of exposure (with existing controls)** | | | | ❒ High | | | | | ❒ Uncertain | | | | |
|  | | | | ❒ Medium | | | | | ❒ Not significant | | | | |
|  | | | | ❒ Low | | | | | | | | | |
| **Likely routes of exposure (with existing controls)** | | | | ❒ Inhalation | | | | | ❒ Skin | | | | |
|  | | | | ❒ Ingestion | | | | | ❒ eyes | | | | |
| ❒ Injection | | | | | | | | | |
| **Estimated Risk** | | | | ❒ Exposure risks not significant | | | | | | | | | |
|  | | | | ❒ Exposure risks significant, but well controlled at present | | | | | | | | | |
| ❒ Exposure risks not effectively controlled | | | | | | | | | |
| **Risk Control** | | | | | | | | | | | **YES** | |  |
| How can I improve safety? (Control measures to be implemented to reduce the risk of exposure during this work activity) | | | | | | | | | | | | | |
| **Is a safer product available?** | | | | | | | | | | | ❒ | | ❒ |
| **Can I minimise risks by:**  Buying smaller quantities to avoid decanting, spillage, splashes etc.? | | | | | | | | | | | ❒ | | ❒ |
| Using a lesser concentration? | | | | | | | | | | | ❒ | | ❒ |
| Can engineering controls be used? | | | | | | | | | | | ❒ | | ❒ |
| Is ventilation adequate? | | | | | | | | | | | ❒ | | ❒ |
| Emergency procedures and equipment in place (e.g. Spill kits, emergency showers, eye wash stations, first aid kit) | | | | | | | | | | | ❒ | | ❒ |
| Training provided to employees? | | | | | | | | | | | ❒ | | ❒ |
| Wastes disposed of safely | | | | | | | | | | | ❒ | | ❒ |
| Safe work procedures in place? | | | | | | | | | | | ❒ | | ❒ |
| **Are employees/workers:** | | | | | | | | | | | | | |
| Checked if they are high risk (e.g. pregnant; prone to allergies)? | | | | | | | | | | | ❒ | | ❒ |
| Consulted about the use of the product? | | | | | | | | | | | ❒ | | ❒ |
| Aware of any harmful effects? | | | | | | | | | | | ❒ | | ❒ |
| Provided with the correct safety equipment? | | | | | | | | | | | ❒ | | ❒ |
| Trained in its storage, use, disposal and emergency procedures? | | | | | | | | | | | ❒ | | ❒ |
| Does the workplace have appropriate first aid to deal with splashes or other incidents? | | | | | | | | | | | ❒ | | ❒ |
| **Action Required:** | | | | | | | | | | | | | |
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| --- | --- |
| **Date actions completed:** | |
| **Name:** | **Position:** |
| **Signature:** | |

**Return Completed form to: [INSERT NAME/POSITION]**