## A picture containing text, font, graphics, graphic design  Description automatically generated

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## Example Chemical Hazard Identification Reporting Form

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| Chemical Hazard Identification Reporting*Template Example* |
| **Site/Facility:**  |  |
| **Completed by:** |  |
| **Job Description:** |  |
| **Phone Number:** |  |
| **Names of others in attendance during the chemical hazard identification:** |  |
| **Date and Time:** |  |
| **Describe the Hazard** |
| Attach Picture or video (if available): |  |
| Operating or maintenance procedure or step in which hazard occurs (if applicable) |  |
| What is the hazard (i.e. name of chemical product(s)? |  |
| Where is the hazard located? |  |
| What are the risks associated with the hazard? |  |
| People/person who may be affected by the hazard? |  |
| Are safety materials data sheets readily available and accessible for the chemical(s) in question? |  |
| What has already been done to control the hazard? (Note: leave this section blank if nothing has been done) |  |
| Initial risk rating:* Low (chemical exposure/release would not result in an employee injury or discomfort)
* Moderate (chemical exposure may result in employee discomfort or workplace odors)
* High (chemical exposure may require medical treatment)
* Critical (chemical exposure may result inpermanent loss of function/disability)
* Catastrophic (chemical exposure may result in loss of life)

*(Note: Immediate action needs to be taken if the initial risk rating for the hazard is higher than “low”)* |
| Have there been previous injuries or near misses as a result of the hazard? (Yes/No)If yes, please describe and include date of injury/near miss. |  |
| **Corrective Actions Taken or Will be Taken** |
| What further action needs to be taken? (e.g. modification of equipment/engineering controls to prevent chemical release/exposure, review and modification of applicable operating or maintenance procedures and or administrative controls to abate the identified hazard) |  |
| Responsible individual for ensuring appropriate corrective actions are initiated and completed? |  |
| Projected Completion Date / Completion Date: |  |
| Residual risk rating:* Low
* Moderate
* High
* Critical
* Catastrophic

*(Note: residual risk rating should be “low” after implementation of corrective actions. If this is not the case, a more effective way to control the hazard should be implemented)* |
| **Completed by (Name and Role):** | **Signature:** |