## 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:** | |