Employer: _____

RISK ASSESSMENT of Non-hazardous Substances

Substance: **DREAM**

Refer Chemrose SDS for Hazard Identification

Site: _____ Date: _____ Person Responsible: _____

1. Potential Hazard **e.g. skin contact, fire**	2. Potential injury or damage to property or environment	3. Degree of Risk and Risk Score **(see matrix over page)**	4. Suggested control **Consider:** **1. Elimination 2. Reduction 3. Protection**	5. SIGN OFF when each control is in place	6. Degree of Risk AFTER CONTROL **(see Matrix over page)**
Accidentally swallowed	Slight irritation to the gastrointestinal tract.	D Unlikely IV Minor Injury **5 Low Risk**	Ensure all containers are labelled correctly. Never store chemicals in a drink bottle. Always keep store room locked to prevent public access. Keep out of reach of children. Always rinse containers after use. Always wash hands after use.		E Very Unlikely V No Injury **3 Low Risk**
Product splashing into eyes while using to scrub urinals	No effects expected from Dream, but infectious urinal soil may be flicked into the eye.	E Unlikely VI Minor injury **5 Low Risk**	Wear eye protection		E Very Unlikely V No injury **1 Low Risk**
Skin contact	No effects expected but may cause allergic reaction	E Very Unlikely V Discomfort **1 Low Risk**	Wear gloves		E Very Unlikely V No Discomfort **1 Low Risk**

Important note: *The potential hazards listed above are expected to apply in normal use applications of this product. However, if the product is to be used in special or unusual applications, different or additional hazards may arise. It is the responsibility of the employer to assess all additional risks that may arise from the way they intend to use this product.*

RISK ASSESSMENT MATRIX

		PROBABILITY					
	OUTCOME	**F Impossible**	**E Very Unlikely**	**D Unlikely**	**C Possible**	**B Likely**	**A Frequent**
I	Fatal or permanent injury	**0**	**15**	**19**	**22**	**24**	**25**
II	Severe injury	**0**	**10**	**14**	**18**	**21**	**23**
III	Average lost time injury	**0**	**6**	**9**	**13**	**17**	**20**
IV	Minor injury	**0**	**3**	**5**	**8**	**12**	**16**
V	Discomfort no injury	**1**	**1**	**2**	**4**	**7**	**11**

SCORE	RISK	Action Required
0 – 6	Low	None
7 – 15	Medium	Take Action to reduce risk to Low
16 - 25	High	Take Immediate Action to reduce risk to Low

How to use the matrix:

1. Select the worst credible outcome
2. Select the probability or likelihood
3. Read the score number where the row and column intersect
4. Use this score to rate the risk as Low, Medium or High.
5. Take steps to reduce risk if it is High or Medium

Issued _____