Employer: _____

RISK ASSESSMENT of Hazardous Substances

Substance: **RADIANTBLOOM**

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.	May cause mild irritation to the gastrointestinal tract.	D Unlikely V Discomfort **2 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 **1 Low Risk**
Product splashing into eyes while decanting.	May cause minor discomfort. Prolonged contact causes serious eye irritation.	C Possible V Discomfort **4 Low Risk**	Wear safety glasses when decanting product. Install signs “Wear Safety Glasses”.		E Very Unlikely V Discomfort **1 Low Risk**
Skin contact from cleaning up a spillage or filling dispenser.	Brief exposures are not expected to cause any reactions.	C Possible V No injury **4 Low Risk**	Wear gloves.		E Very Unlikely V No Injury **1 Low Risk**
Use of product diluted 1:2.6 or weaker.	No effects expected.				

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

	OUTCOME	PROBABILITY					
		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	0	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 _____