Employer: _____

RISK ASSESSMENT of Hazardous Substances

Substance: **REFLECT**

Refer Chemrose SDS for Hazards 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 IV Minor Injury **3 Low Risk**
Product splashing into eyes while decanting	Will cause discomfort. Prolonged contact may cause serious eye damage.	E Very Unlikely III Average injury **6 Low Risk**	Wear safety glasses when decanting product. Install signs “Wear Safety Glasses”.		E Very Unlikely IV Minor injury **3 Low Risk**
Skin contact	Brief exposures are not expected to cause any reactions. Prolonged exposure may cause mild skin irritation.	C Possible V Discomfort no injury **4 Low Risk**	Wear rubber or chemical-resistant gloves when decanting. Gloves should be worn to prevent prolonged or repeated skin contact. Install signs “Wear Gloves”.		E Very Unlikely V Discomfort no injury **1 Low Risk**
Spray diluted product into air as per instructions for use on Chemrose spray bottle	No effects expected	E Very Unlikely V No Injury **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

	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	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 _____