



	Health & Safety Risk Assessment Guidance		
Ref: CF:003:06	RE: Guidance on Completing a Chemical Agents Risk Assessment Form		
Issue date:	November 2017	Revised Date:	October 2023
Author(s):	National Health & Safety Function		
Legislation	Under the <i>Safety, Health and Welfare at Work (Chemical Agents) Regulations, 2001</i> it is the duty of the employer to identify the hazards and assess the risks associated with the use of chemical agents in the workplace. All risk assessments must be in writing and the necessary control measures to eliminate or minimise the risks documented and implemented.		
Note:	When conducting Chemical Agent risk assessments consideration should be paid to the risk presented and the means of avoiding and mitigating any such risk so far as is reasonably practicable. <i>It is responsibility of local management to implement any remedial actions identified.</i> <i>The following provides an explanation on how to complete a Chemical Agents Risk Assessment Form.</i>		



Chemical Agents Risk Assessment – Part 1 of 3	
Division: Insert Division e.g. Mental Health Division / Acute Hospital	Source of Risk: Document the sources of the risk e.g. Risk assessment, Audit, Inspection Report result of incident
HG/CHO/NAS Function: Insert as appropriate	Primary Impact Category: Choose the Primary risk category from the HSE Impact Table i.e. Harm to a Person.
Hospital / Service Site: Insert as appropriate	Risk Type: Choose whether it is Strategic (most commonly identified at corporate / senior Management level) OR Operational (most commonly identified at service delivery level). (delete as appropriate)
Dept/Service Site: Insert name of ward / department e.g St Marys Ward	Name of Risk Owner (BLOCKS): Insert the name of the person with responsibility to assess and manage the risk in line with organisational policy i.e. normally the Manager of the function/service in which the risk is identified
Date of Assessment: Insert date of risk assessment	Signature of Risk Owner: As above
Unique ID No: Assign a number for each risk assessment	Risk Co-ordinator: N/A OSH Risk Assessment only
Objective being impacted: Compliance with OSH Legislation and the maintenance of a safe and healthy work environment	*Risk Assessor (s): Insert names of those completing the risk assessment



Chemical Agents Risk Assessment – Part 2 of 3			
Chemical Name (Concentration):		Chemical Process:	
<i>Insert Name and concentration</i>		<i>Describe the work activity being undertaken</i>	
Number of Employees Exposed:	Categories of employees likely to be exposed: (Tick)		Duration and frequency of contact (Hr/day):
<i>Insert number of employees exposed</i>	Nursing Staff <input type="checkbox"/>	Medical Staff <input type="checkbox"/>	<i>E.g. 5 mins/4 times per day, 10 mins/twice daily</i>
	Care Staff <input type="checkbox"/>	Maintenance Staff <input type="checkbox"/>	
	Housekeeping <input type="checkbox"/>	Others (please specify)	
Safety Data Sheet available: Yes <input type="checkbox"/> No <input type="checkbox"/>		Location of SDS: <i>Describe</i>	Date of SDS: <i>Insert date</i>
Amount used and quantity stored	Hazard and risk associated with chemical:	Exposure Route(s) (Tick)	Dustiness or Volatility, High, Medium or Low
<i>Insert amount used and quantity stored</i>	<i>Refer to section 2 of SDS. Insert hazard classification and hazard (H) statements or risk phrases.</i>	Eyes <input type="checkbox"/> Skin <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/>	<i>To determine volatility refer to section 9 of the SDS for boiling point if applicable.</i>

Classification, Labelling and Packaging (CLP) Hazard Symbols									
CLP SYMBOLS									
	Acute toxicity hazard	Serious long term health hazard	Health hazard	Corrosion Hazard	Environmental hazard	Flammability hazard	Oxidising Hazard	Explosion Hazard	Stored as gas under pressure
Tick appropriate pictogram. <i>Refer to section 2 of SDS</i>									
Insert appropriate signal word i.e. danger or warning . <i>Refer to section 2 of the SDS</i>									
Occupational Exposure Limit Value (OELV) If applicable insert airborne OELV : _____									
Refer to Code of Practice to Chemical Agents Regulations									



Chemical Agents Risk Assessment – Part 3 of 3													
¹ HAZARD & RISK DESCRIPTION			EXISTING CONTROL MEASURES			ACTIONS [ADDITIONAL CONTROLS] REQUIRED			² ACTION OWNER		DUE DATE		
<p>Identify the hazard(s) and risk(s) associated with the chemical</p> <p>Refer to hazard classification and hazard statement(s) or risk phrases</p> <p>Describe the risks associated with the activity being undertaken</p> <p>For example - risk of ill health due to potential exposure to (name chemical) of (specify category of staff) via (specify route of exposure, e.g. skin contact) while (describe work activity) on a (specify the frequency – e.g. daily) basis.</p>			<p>Detail the control measures in place – include all measures to eliminate or reduce the risks e.g.(non-exhaustively):</p> <ul style="list-style-type: none"> Storage Waste Emergency Procedures Personal Protective Equipment Hygiene Measures First Aid Health Surveillance Training <p>When examining existing control measures, consider the adequacy, method of implementation and level of effectiveness in eliminating or minimising risk to the lowest practicable level.</p> <p>Consider the precautionary statements where applicable (refer to Section 2 of the SDS).</p>			<p>Detail the measures necessary to eliminate or further reduce the level of risk.</p> <p>In line with Schedule 3 of the Safety, Health and Welfare at Work Act, 2005 - Consider the hierarchy of controls: Elimination/substitution/engineering/administrative/PPE.</p> <p>Consider the interim and long term measures.</p>			<p>Enter the name of the responsible person for implementation of each control measure.</p>		<p>Enter the date by which implementation of the additional controls to mitigate the risk are due.</p>	<p>Each of the risk should be assigned a risk status. Open, i.e. additional controls have been identified as necessary Monitor, i.e. existing controls are deemed adequate to manage the risk but these need to be periodically reviewed Closed, i.e. that the risk no longer exists e.g. where an unsuitable premises is replaced by a suitable one</p>	
Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Likelihood [1-5]	Impact [1-5]	Rating [Likelihood x Impact]	Open	Monitor	Closed		
<p>Inherent Risk - For OSH risk assessments document the Inherent risk <u>only</u> where there is no documented risk assessment with identified controls for the hazard</p>													

¹ Where the risk being assessed relates to an OSH risk please ensure the HAZARD and associated risk are recorded. Other risk assessments require a risk description only.
² Person responsible for the action.
³ Rating **before** consideration of existing controls.
⁴ Rating **after** consideration of existing controls.
⁵ Desired rating **after** actions.