

CHEMICAL INVENTORY SHEET

Use copies of this sheet to carry out a chemical inventory of your workplace. Staple the sheets together and store them with your workplace hazard register. Review each year, or when chemicals change.

Organisation or company name

Sheet number

STEP 1 Describing the chemical	Name of chemical			
	What do we use it for? Who uses it?			
	Where is it stored? How much is there?			
	What form? What container? <i>Form = gas, liquid, gel, solid, powder</i>			
STEP 2 Determining the risk	What are the hazards for this chemical? <i>Can be Explosive, Flammable, Toxic, Corrosive, Oxidising, or Ecotoxic. See the label or safety data sheet.</i>			
	Rate the Severity of harm 3 = Major (Death, long-term disability) 2 = Serious (Short-term disability) 1 = Slight (all other injuries/illnesses)	S = _____ (1, 2 or 3)	S = _____ (1, 2 or 3)	S = _____ (1, 2 or 3)
	Rate the Likelihood of harm 3 = Highly likely (almost certain) 2 = Likely (will often occur) 1 = Occasional (may occur sometimes)	L = _____ (1, 2 or 3)	L = _____ (1, 2 or 3)	L = _____ (1, 2 or 3)
	The overall Risk rating <i>Multiply the two ratings (S x L)</i>	Risk = _____	Risk = _____	Risk = _____
STEP 3 Controlling the chemical	Overall strategy <i>Eliminate, Isolate, or Minimise?</i>			
	Controls <i>Tick if needed, and if in place now.</i>	<i>Needed</i>	<i>In place</i>	<i>Needed</i>
	Safety data sheet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Protective safety equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Secure storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Segregation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Labelling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Signage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Emergency response plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Test certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Actions required <i>What do you need to do to control this chemical?</i>				
	Completed? <input type="checkbox"/>	Completed? <input type="checkbox"/>	Completed? <input type="checkbox"/>	
STEP 4 Record	Original sheet prepared	by _____	_____	date
	Reviewed/updated	by _____	_____	date