

## HAZARDOUS SUBSTANCES MANAGEMENT CHECKLIST

Project: \_\_\_\_\_

Checked By: \_\_\_\_\_ Date of Check: \_\_\_\_\_

Yes/No

1.	Are all containers of hazardous substances adequately labeled?	
2.	Have SDS been obtained for all hazardous substances in use?	
3.	Does the workplace have a Hazardous Substances Register listing the chemicals used?	
4.	Has an assessment of the risks of exposure to hazardous substances been carried out?	
5.	Have recommended control measures been put in place?	
6.	Have recommended control measures been documented?	
7.	Are there written procedures for the introduction of new substances to the workplace?	
8.	Is air monitoring necessary? If yes, has this been scheduled and a competent person appointed to do it?	
9.	Has a trained program been established for people using hazardous substances?	
10.	Have all the people who should be trained under the training plan received current training?	
11.	Have all confined spaces on the site been identified and work procedures written down, including "Permit to Enter"?	
12.	Are health checks necessary? If yes, have these been scheduled and a competent person appointed to do them?	
13.	Are dangerous goods stored in compliance with the Regulations?	
14.	Have emergency procedures been established and documented?	
15.	Do regular emergency drills take place? Are drills evaluated and observed shortcomings addressed?	
16.	Are waste hazardous substances disposed of appropriately? Are there written procedures for this? If not, please write Safe Work Method Statement.	

OK TO PROCEED: \_\_\_\_\_ Yes / No (circle one)

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

