










Hazardous Chemical Risk Assessment			
Substance:	700 Roof & Gutter Grey	Manufacturer:	H. B. Fuller Company Australia Pty Ltd
Location of use:	Site	Location of storage:	
Persons at Risk:	Employee: <input checked="" type="checkbox"/>	Subcontractor: <input type="checkbox"/>	Public: <input type="checkbox"/>
Task/s & Description of use:	Sealant		


Classification (state category of danger)								
Hazard Pictograms – select all that apply to the work activity.								
								
GHS01 Explosive	GHS02 Flammable	GHS03 Oxidising	GHS04 Gases under pressure	GHS05 Corrosive	GHS06 Acute toxicity	GHS07 Health hazard	GHS08 Chronic health hazard	GHS09 Environmental
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Hazard Type:							
Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other: Mixture
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Main route of exposure:				
Inhalation	Skin	Eyes	Ingestion	Other:
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Control Measures: (tick all that apply)				
Elimination	Remove Chemical from process:		Other:	
	<input type="checkbox"/>		<input type="checkbox"/>	
Substitution	Use safety alternative chemical:		Other:	
	<input type="checkbox"/>			
Isolation	Separate from ignition sources:	Separate from people:	Other:	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Engineering	Local Exhaust Ventilation (LEV):	Ventilation:	Bunding:	Other:
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administration	Training:	SDS access:	Signage:	Other:
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment (PPE)	Gloves:	Goggles:	Respirator:	Protective clothing:
	Type: Protective	Type:	Type:	Type:
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Emergency Requirements:				
First Aid Requirements	Spill Equipment:	Emergency Contacts:	Fire Protection:	Other:
List:	List:	List:	List:	
Eye wash	Inert absorbent materials			
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Review and Approval	
Assessor Name:	Jane Kviklys
Assessor Signature:	
Date of next review:	27/07/2029