



|                              |  |   |            |
|------------------------------|--|---|------------|
| Hazardous Chemical:          | Seal n Flex 1 Black                                |   |            |
| How Used:                    | Applied with a silicone gun                        |   |            |
| Location (Used):             | All areas  | Used By:  | 23/02/2028 |
| Frequency / duration of use: | Intermittent daily                                 | Quantities used:  |            |
| Nature of Hazard:            | <input type="checkbox"/> Toxic                     | <input type="checkbox"/> Sensitiser (allergic- type skin or respiratory reaction) |            |
|                              | <input type="checkbox"/> Corrosive                 | <input type="checkbox"/> Carcinogenic (cancer)                                    |            |
|                              | <input type="checkbox"/> Harmful                   | <input type="checkbox"/> Mutagenic (mutations/ genetic change)                    |            |
|                              | <input checked="" type="checkbox"/> Irritant       | <input type="checkbox"/> Teratogenic (birth defects)                              |            |
|                              | <input type="checkbox"/> Other hazard/s (specify): |   |            |

| Monitoring                       |                              |                             |  | Could cause injury to/or via:       |  |  |  |
|----------------------------------|------------------------------|-----------------------------|--|-------------------------------------|--|--|--|
| Health surveillance is required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  | <input type="checkbox"/> Eyes       | <input checked="" type="checkbox"/> Skin |  |  |
| Air monitoring program required? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |  | <input type="checkbox"/> Inhalation | <input type="checkbox"/> Ingestion       |  |  |
|                                  |                              |                             |  | <input type="checkbox"/> Injection  | <input type="checkbox"/> Swallowing      |  |  |

| What Control Measures Are in Place or Proposed  | Present                             | Recommended                         |
|---|-------------------------------------|-------------------------------------|
| Isolation   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Fume cupboard   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| General ventilation   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Natural ventilation   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Other engineering controls ( <b>ventilation systems</b> )   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Safe work methods (e.g., pumping instead of pouring)  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Reduce quantity and/or concentration  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Information (at least SDS and label)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| Ongoing training (hazards, safe use, PPE, health surveillance if applicable)  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Personal protective equipment (list): <ul style="list-style-type: none"> <li>- Safety glasses with side shields/Chemical goggles</li> <li>- Safety gloves</li> <li>- Safety boots</li> <li>- Full body protective clothing</li> </ul> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| First aid supplies/equipment (e.g., <b>safety shower, eyewash stations</b> )  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| First aid training  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Evacuation plan, emergency plan and equipment required.   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| Other controls (specify)  | <input type="checkbox"/>            | <input type="checkbox"/>            |

| Outcomes   | Action required to reduce risks:  |
|--|---|
| <input checked="" type="checkbox"/> Risks not significant now and not likely to increase | check adequacy of controls and whether any exposure routes are at risk) |
| <input type="checkbox"/> Risks significant but effectively controlled at the moment      | <input type="checkbox"/> No <input type="checkbox"/> Yes (specify):     |
| <input type="checkbox"/> Risks significant and not adequately controlled at the moment   |   |
| <input type="checkbox"/> Uncertain about risks; more detailed assessment required        |   |

| Carried Out By: |                 |            |   |
|-----------------|-----------------|------------|---|
| Print Name:     | Robert Anderson | Signature: |  Date: 20/06/2023 |
| Print Name:     |                 |            |   |
| Print Name:     | Robert Anderson | Signature: |  Date: 20/06/2023 |

| Likelihood         | Criteria  |
|--------------------|---|
| Rare - 1           | The event may occur only in exceptional circumstances         |
| Unlikely - 2       | Could occur at some time / the event is not expected to occur |
| Moderate - 3       | The event may occur   |
| Likely - 4         | Likely to occur at some time / the event will probably occur  |
| Almost Certain - 5 | Has or likely to occur weekly.                                |

| Consequence       | Safety  | Environment   |
|-------------------|---|---|
| Insignificant - 1 | No medical treatment other than first aid required and no lost time injury.                                   | No lasting detrimental effect on the environment. Insignificant damage less than \$1000   |
| Minor - 2         | Medically treated injury.   | Short term, local detrimental effect on the environment or social impact. Plant, property, or equipment damage less than \$10,000 and no disruption to business   |
| Moderate - 3      | Lost time injury without being admitted to a hospital.  | Serious environmental event (discharge of pollution) requires remedial action. Breach of environmental law. No long-term impact on environment. Plant, property, or equipment damage less than \$100,000 and minimal disruption to business |
| Major - 4         | Lost time injury resulting in being admitted to hospital with the ability to return to work after treatments. | Any of the above, with the potential for long-term environmental or social impact. Plant, property, or equipment damage less than \$1,000,000, major disruption to business   |
| Extreme - 5       | Fatality, permanent disability or multiple serious injuries to staff, contractors or public.                  | Extensive and long-term impacts on the environment and community. Plant, property, or equipment damage more than \$1,000,000, major disruption to business i.e., sites shut down  |

|            |                     | Consequence  |            |           |            |              |
|------------|---------------------|--------------|------------|-----------|------------|--------------|
|            |                     | 1<br>Insign. | 2<br>Minor | 3<br>Mod. | 4<br>Major | 5<br>Extreme |
| Likelihood | 1<br>Rare           | 1            | 2          | 3         | 4          | 5            |
|            | 2<br>Unlikely       | 2            | 4          | 6         | 8          | 10           |
|            | 3<br>Moderate       | 3            | 6          | 9         | 12         | 15           |
|            | 4<br>Likely         | 4            | 8          | 12        | 16         | 20           |
|            | 5<br>Almost certain | 5            | 10         | 15        | 20         | 25           |

| Risk Levels  |  |  |  |
|--|--|--|--|
| Low (1-3)  | Medium (4 – 8)   | High (9 – 14)  | Extreme (15 – 20)  |
| Works shall be monitored by supervisor. Any risk assessed as presenting a low risk level will be permitted to be controlled using a combination of controls as appropriate, more than one lower-level control must be applied if elimination and or engineering controls are not practicable | Works shall be monitored by senior management. Any risk assessed as presenting high or medium risk level will only be allowed to be controlled using a combination of at least one engineering control and one lower-level controls as appropriate | No works to commence unless otherwise approved by Senior Management. Any risk assessed as presenting high or medium risk level will only be allowed to be controlled using a combination of at least one engineering control and one lower-level controls as appropriate | No works to commence unless otherwise authorised by the Director. Any risk assessed presenting extreme risk level will only be allowed to be controlled using elimination and or engineering controls as the primary source of controls. The activity <b>MUST</b> be signed off by director or project manager before proceeding |

## Hierarchy of Controls

|                      |   |
|----------------------|---|
| Eliminate            | Can we eliminate or remove the hazard completely?                             |
| Substitute           | Can we substitute the hazard with something else less dangerous?              |
| Engineer / Isolation | Can we re-design or isolate the hazard completely?                            |
| Administration       | What controls can we put in place, e.g., training, job rotation, supervision? |
| PPE                  | What personal protective equipment is required to undertake this activity?    |