










Hazardous Chemical Risk Assessment			
Substance:	WD-40 Aerosol	Manufacturer:	WD-40 Company Australia Pty Ltd
Location of use:	Where required	Location of storage:	Warehouse
Persons at Risk:	Employee: <input checked="" type="checkbox"/>	Subcontractor: <input type="checkbox"/>	Public: <input type="checkbox"/>
Task/s & Description of use:	Lubricant, Penetrant, Drives Out Moisture, Removes and Protects Surfaces from Corrosion		


Classification (state category of danger)								
Hazard Pictograms – select all that apply to the work activity.								
								
GHS31 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Main route of exposure:				
Inhalation	Skin	Eyes	Ingestion	Other:
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" 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: Strong oxidizers and strong acids
	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Engineering	Local Exhaust Ventilation (LEV):	Ventilation:	Bundling:      Other:
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Administration	Training:	SDS access:	Signage:      Other:
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Personal Protective Equipment (PPE)	Gloves:	Eye and face protection:	Respirator:      Protective clothing:
	Type: <input type="checkbox"/>	Type: <input type="checkbox"/>	Type: <input type="checkbox"/>

Emergency Requirements:				
First Aid Requirements	Spill Equipment:	Emergency Contacts:	Fire Protection:	Other:
List: <input type="checkbox"/>	List: <input type="checkbox"/>	List: 1800 862 115 <b>Poisons Information Centre: Australia:</b> 13 11 26	List: <input type="checkbox"/>	<input type="checkbox"/>

Review and Approval	
Assessor Name:	Lily Pickersgill
Assessor Signature:	
Date of next review:	13/08/2030

