

# Chemical Laboratory Hazard Assessment Form

The **chemical laboratory hazard assessment form** sample is designed to identify and evaluate potential risks associated with handling hazardous substances in a laboratory setting. This form ensures proper safety measures are in place to protect personnel and comply with regulatory standards. Regular use of the assessment promotes a safer working environment by addressing chemical hazards systematically.

Section 1: Laboratory & Assessor Details	
Laboratory Name/Location	_____
Principal Investigator/Supervisor	_____
Assessment Date	_____
Assessor Name(s)	_____

Section 2: Process & Chemical Information	
Procedure/Process	Describe the process involving chemicals
Chemicals Used (Name, CAS#)	<ul style="list-style-type: none"><li>• _____</li><li>• _____</li></ul>
Quantity Used	_____
Physical State (solid/liquid/gas)	_____

Section 3: Hazard Identification	
Hazard Type (check all that apply)	<div><input type="checkbox"/> Flammable</div> <div><input type="checkbox"/> Corrosive</div> <div><input type="checkbox"/> Toxic</div> <div><input type="checkbox"/> Reactive</div> <div><input type="checkbox"/> Carcinogenic</div> <div><input type="checkbox"/> Other: _____</div>
Hazard Description	_____
Potential Exposure Routes	<div><input type="checkbox"/> Inhalation</div> <div><input type="checkbox"/> Skin Contact</div> <div><input type="checkbox"/> Ingestion</div> <div><input type="checkbox"/> Eye Contact</div>

Section 4: Risk Control Measures	
Engineering Controls	<div><input type="checkbox"/> Fume Hood</div> <div><input type="checkbox"/> Local Exhaust</div> <div><input type="checkbox"/> Shielding</div> <div><input type="checkbox"/> Other: _____</div>
Personal Protective Equipment (PPE)	<div><input type="checkbox"/> Lab Coat</div> <div><input type="checkbox"/> Safety Glasses/Goggles</div> <div><input type="checkbox"/> Gloves</div> <div><input type="checkbox"/> Face Shield</div> <div><input type="checkbox"/> Respirator</div> <div><input type="checkbox"/> Other: _____</div>

<b>Safe Work Practices</b>	<input type="checkbox"/> Training <input type="checkbox"/> Labeling & Signage <input type="checkbox"/> Chemical Segregation <input type="checkbox"/> Spill Preparedness <input type="checkbox"/> Other: _____
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Section 5: Emergency Response & Waste Disposal	
<b>Emergency Equipment Available</b>	<input type="checkbox"/> Eyewash Station <input type="checkbox"/> Safety Shower <input type="checkbox"/> Spill Kit <input type="checkbox"/> Fire Extinguisher <input type="checkbox"/> First Aid Kit <input type="checkbox"/> Other: _____
<b>Waste Disposal Procedures</b>	Describe procedure: _____

Section 6: Additional Notes/Comments
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*This form should be reviewed and updated regularly or when procedures/chemicals change.*