

# 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#)	• _____ • _____
Quantity Used	_____
Physical State (solid/liquid/gas)	_____

## Section 3: Hazard Identification

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

## Section 4: Risk Control Measures

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

**Safe Work Practices**

- Training
- Labeling & Signage
- Chemical Segregation
- Spill Preparedness
- Other: \_\_\_\_\_

**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.*