

Airborne Particulate Matter Risk Assessment Form

Project / Location:

Assessor Name:

Date:

Description of Task / Process:

Exposure Assessment

Source of Particulate Matter	Type (e.g. Dust, Fume, Fiber)	Estimated Concentration	Exposure Duration	Area
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Affected Individuals/Groups:

Health Risks / Hazards Identified:

Risk Evaluation

Hazard	Likelihood	Severity	Risk Level
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Control Measures

Existing Controls:

Additional Controls Recommended:

Monitoring & Review

Air Monitoring Requirements:

Review Date:

Remarks / Comments: