

Laboratory Chemical Spill Risk Assessment Form

Date:

Assessor Name:

Lab Location:

Chemical(s) Involved:

Quantity and Concentration:

Description of Planned Activity:

Risk Assessment:

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

Personal Protective Equipment (PPE) Required:

Spill Response Procedure:

Additional Remarks / Notes:

