

Hospital Hazardous Substances Record Form

Date

Department/Ward

Person Completing Form

Supervisor

Location

Hazardous Substance Details

| Name of Substance | Quantity | Physical State | Use/Purpose | Risk Assessment | Storage Location |
|-------------------|----------|----------------|-------------|-----------------|------------------|
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Hazards Identified

Control Measures

First Aid Procedures

Disposal Procedures

Additional Comments

Supervisor Signature

Date