

Chemical Substance Safety Assessment (CSI)

Assessment Carried out by:

Job Title:

Department/Location:

Document Downloaded:

Assessment Commenced:

Name:

Name of Substance	CSDS No.	Hazard Warning	Usage of Substance	Alternative Substance	Precautions

NB: Chemical Substance Safety Data Sheets (CSDS) must be completed for all substances.

Assessor Name:

Signature:

Date:

Reviewer Name: