

Complementary Evaluation of Activities with Hazardous Substances*

Specifications on Location and Hazardous Substances

Firm:

Working Area:
 (Where the substance is used, e. g. production, storage, workshop, laboratory, repair etc.)

Workplace:.....

Indoor
 Outside
 Different Locations

Name of Hazardous Substance: (From the register or hazardous substance which results from the work)

Labelling:











Potential Risks: **Signal Word:**

Classification of Substance or Mixture (Abbreviations)

Classification of Substance or Mixture (Text)

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Manner of Release: (Gas, Vapour, Aerosol, Dust, Smoke etc.)

Carcinogenic (c) Category:	1 A	1B	2
Germ Cell Mutagenic (m) Category:	1 A	1B	2
Toxic to Reproduction (r) Category:	1 A	1B	2
Is the Substance Absorbed through the Skin:		Yes	No
Is the Substance a Sensitising Agent:	Skin (Sh)	Respiration (Sa)	both (Sah)
Occupational Exposure Value or Criterion:(mg/m ³)(ppm) (Type)
Biological Limit Value (BGW): (/) in (Biological Material) (Time when Samples are Taken)		
Water Hazard Class: Storage Class:		

* This evaluation can be used as an applicable document for risk assessments.

Substitution (Tests of Substitutes/Procedure Test)

Information/Sources for Evaluation

Yes No

1. Is TRGS 600 acquainted?
2. Is the substance omittable?
3. Are procedural modifications possible?

Explanatory Notes

Proved

TRGS on Substitutes (TRGS 600 et seqq.)
EGU (Recommendations of Accident Insurance Institutions³⁵)
Safety Data Sheet (Section 7)
Technical Bulletins/Industry Regulations

Explanatory Notes

How was the Test of Substitutes Executed?

“Easy-to-use Workplace Control Scheme for Hazardous Substances” (EKMG)
Column Model (TRGS 600)
Any other Check

Explanatory Notes

Replacement Product/Substitute

Substitute Process

Result

Substitution is possible, Substitute/Substitute Process implemented on:

There is no chance of substitution, as: (for more selection see TRGS 600)

The alternative solution is technically inadequate

The alternative solution does not sufficiently reduce the risk

The alternative solution is inadequate for operational reasons
or technically not reasonable

³⁵ Different recommendations of accident insurance institutions on the hazard identification can be found at [www.dguv.de/ifa/praxishilfen/praxishilfen-gefahrstoffe/empfehlungen-gefaehrungsermittlung-der-unfallversicherungstraeger-\(egu\)/index.jsp](http://www.dguv.de/ifa/praxishilfen/praxishilfen-gefahrstoffe/empfehlungen-gefaehrungsermittlung-der-unfallversicherungstraeger-(egu)/index.jsp).

Mode and Extent of Exposure During Processing

Application

Number of Employees Working with the Substance/Product

Consumption in the Working Area: (in ml, l, m³, g, kg, t per hr, per Shift)

Duration of Activity: (Given in Hours or Minutes)

Frequency of Activity: (Number per Annum, Shift, Construction Site etc.)

Skin Contact is Possible: **No** **Yes**

(Short- or large-area, short-time or long-running skin contact)

Ser. No.	Exposure in the Air at the Workplace (Referred to the Shift Time)	Time Interval

Evaluation of Exposure in the Air at the Workplace

By Measurement

By Comparison

Due to Empirical Values (e. g. from TRGS)

Measurement from	Result
KM from	Result
KM from	Result
KM from	Result

Finding:

Measures are sufficient. This is the case when only this hazardous substance is used during the entire shift. If more than one hazardous substance is used a summated evaluation according to TRGS 402 must be executed.

Measures are insufficient.

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Final Settlement

Additional Measures	Date
Occupational Health Care must be arranged
Occupational Health Care must be offered
Inclusion in the Directory of c,m-Substances Category 1A/1B
Report to the Authority, GefStoffV Anh. I Nr. 2.4.2 (Asbestos)
Evaluation of the Occupational Physician is considered
Biological Monitoring has been executed (Biological Limit Value)
Indications of the last Employee Survey are considered

Effectiveness Check

Type of Effectiveness Check:

Until (Date):

Result:

Competent Person:

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Name	Signature

This Risk Assessment Has Been Implemented for the Firm – Person in Charge

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Date	Name	Signature

In Consultation with OSH Professional

.....
Date	Name	Signature

Assisted by Occupational Physician

.....
Date	Name	Signature

Entrepreneur/Person in Charge

.....
Date	Name	Signature