

Appendix II-C-2 Hazard Assessment Form

WHMIS/WHH Controlled Product Assessment	
Workplace:	
Label, MSDS, or other sources:	Product Identifier (name): Workplace inspections (during use):
Describe use(s) of controlled product:	Comments:
Control measures and precautions:	
Health Hazard Identified from MSDS, etc:	Health Hazards from observations, complaints:
Does use of this controlled product pose a possible health hazard? - Yes/No	
Airborne health hazard summary (MSDS):	Non-Airborne health hazard summary (MSDS):
Does controlled product contain a designated material (MSDS)? Yes/No: _____	
Case. Number _____	
Date: _____ of _____	
Prepared by: _____	