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| Pesticide Health Risk Assessment |

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| Details | |
| **Business Name** |  |
| **Name of person(s) completing this risk assessment** |  |
| **Date of pesticide risk assessment (completed)** |  |
| **Date of pesticide risk assessment (reviewed)** |  |
| Pesticide details | |
| **Product name** |  |
| **Active constituent** |  |
| **Form (eg. Liquid, solid etc)** |  |
| **Poison schedule** |  |
| **Health effects (briefly describe using label and SDS)** |  |
| *Ingestion* |  |
| *Inhalation* |  |
| *Skin/eyes* |  |
| **PPE required (use label and SDS)** |  |
| **Locations treated (eg. Kitchen, external perimeter)** |  |
| **Pest(s) treated** |  |
| **Likely routes of exposure for this type of application** |  |

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| Job description- Briefly describe procedures | |
| **Loading, unloading and transport of pesticides** |  |
| **Mixing and preparation of pesticide** |  |
| **Application of pesticide** |  |
| **Management of spill of pesticide** |  |
| **Authorities notified where appropriate** |  |

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| **Loading, Unloading and Transport of pesticide** | | | | | |
| **Product name:** | | | | | |
| **Who is at risk** | **Route of exposure** | **List current control measure** | **Are current measures adequate?** | | **List additional measures to control health risk** |
| **Pest control operator** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
|  | | | | | |
| **Other people** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
|  | | | | | |
| **Other hazards** | List: |  | * Yes * No | *Explain* |  |

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| **Mixing and Preparation of Pesticide** | | | | | |
| **Product name:** | | | | | |
| **Who is at risk** | **Route of exposure** | **List current control measure** | **Are current measures adequate?** | | **List additional measures to control health risk** |
| **Pest control operator** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
|  | | | | | |
| **Other people** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
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| **Other hazards** | List: |  | * Yes * No | *Explain* |  |

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| **Application of Pesticide** | | | | | |
| **Product name:** | | | | | |
| **Who is at risk** | **Route of exposure** | **List current control measure** | **Are current measures adequate?** | | **List additional measures to control health risk** |
| **Pest control operator** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
|  | | | | | |
| **Other people** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
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| **Other hazards** | List: |  | * Yes * No | *Explain* |  |

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| **Management of Spill of Pesticide** | | | | | |
| **Product name:** | | | | | |
| **Who is at risk** | **Route of exposure** | **List current control measure** | **Are current measures adequate?** | | **List additional measures to control health risk** |
| **Pest control operator** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
|  | | | | | |
| **Other people** | Skin/eyes |  | * Yes * No | *Explain* |  |
| Inhalation |  | * Yes * No | *Explain* |  |
| Ingestion |  | * Yes * No | *Explain* |  |
|  | | | | | |
| Other hazards | List: |  | * Yes * No | *Explain* |  |

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