

# CHEMICAL INDUSTRY RISK ASSESSMENT

## Document Information

Field	Details
Company Name	_____
Facility Type	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Storage <input type="checkbox"/> Laboratory <input type="checkbox"/> Distribution <input type="checkbox"/> Other: _____
Assessment Date	_____
Assessor Name	_____
Assessor Position	_____
Department/Area	_____
Review Date	_____
Document Reference No.	RA-CHEM-_____

## 1. Introduction

This Risk Assessment document is designed to identify, evaluate, and control hazards associated with chemical industry operations. The chemical industry presents high-risk environments including exposure to toxic, flammable, and reactive substances, process safety hazards, environmental risks, and occupational health concerns. This assessment aims to ensure the health and safety of all personnel and the protection of the environment by systematically identifying potential hazards and implementing appropriate control measures in accordance with chemical safety regulations (OSHA PSM, EPA RMP, REACH, GHS) and industry standards.

## 2. Scope of Assessment

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This risk assessment covers the following chemical industry activities and areas:

- ☐ Chemical manufacturing/processing
- ☐ Raw material receiving and storage
- ☐ Reactor operations
- ☐ Distillation and separation
- ☐ Packaging and filling
- ☐ Laboratory operations
- ☐ Quality control and testing
- ☐ Waste treatment and disposal
- ☐ Tank farm operations
- ☐ Loading and unloading
- ☐ Maintenance activities
- ☐ Other: \_\_\_\_\_

**Facility Address:** \_\_\_\_\_

**EPA Facility ID:** \_\_\_\_\_

**Number of Employees:** \_\_\_\_\_

**Major Chemicals Handled:** \_\_\_\_\_

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### 3. Risk Identification

Risk ID	Risk Description	Risk Category	Affected Area/Personnel
CHEM-001			
CHEM-002			
CHEM-003			
CHEM-004			
CHEM-005			
CHEM-006			
CHEM-007			
CHEM-008			
CHEM-009			
CHEM-010			

### 4. Risk Analysis Matrix

#### Risk Scoring Criteria

##### Likelihood Scale:

Score	Likelihood	Description
1	Rare	May occur only in exceptional circumstances
2	Unlikely	Could occur but not expected
3	Possible	Might occur at some time
4	Likely	Will probably occur in most circumstances
5	Almost Certain	Expected to occur in most circumstances

Impact Scale:

Score	Impact	Description
1	Negligible	Minor exposure, no health effects
2	Minor	First aid treatment, contained release
3	Moderate	Medical treatment, localized environmental impact
4	Major	Serious injury/illness, significant environmental damage
5	Catastrophic	Multiple fatalities, major environmental disaster

Risk Analysis Table

Risk ID	Likelihood (1-5)	Impact (1-5)	Risk Score (L×I)	Risk Level
CHEM-001				
CHEM-002				
CHEM-003				
CHEM-004				
CHEM-005				
CHEM-006				
CHEM-007				
CHEM-008				
CHEM-009				
CHEM-010				

Risk Level Classification:

- **Low (1-4):** Acceptable risk, monitor and review
- **Medium (5-9):** Action required, implement additional controls
- **High (10-16):** Immediate action required, restrict operations

- **Critical (17-25):** Operations must cease immediately

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## 5. Risk Control Measures

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Risk ID	Current Controls	Additional Controls Required	Responsible Person	Target Date	Status
CHEM-001					<input type="checkbox"/>
CHEM-002					<input type="checkbox"/>
CHEM-003					<input type="checkbox"/>
CHEM-004					<input type="checkbox"/>
CHEM-005					<input type="checkbox"/>
CHEM-006					<input type="checkbox"/>
CHEM-007					<input type="checkbox"/>
CHEM-008					<input type="checkbox"/>
CHEM-009					<input type="checkbox"/>
CHEM-010					<input type="checkbox"/>

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## 6. Chemical Industry-Specific Hazards

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The following hazards are commonly encountered in chemical industry operations:

## **6.1 Chemical Exposure Hazards**

- Inhalation of toxic vapors and gases
- Skin contact with corrosive substances
- Eye exposure to irritants
- Ingestion of hazardous materials
- Chronic exposure effects (carcinogens, sensitizers)

## **6.2 Fire and Explosion Hazards**

- Flammable liquids and gases
- Combustible dusts
- Reactive chemical combinations
- Static electricity ignition
- Process runaway reactions

## **6.3 Process Safety Hazards**

- Overpressure events
- Runaway reactions
- Equipment failures
- Loss of containment
- Utility failures (power, cooling, steam)

## **6.4 Physical Hazards**

- High-pressure systems
- High-temperature operations
- Cryogenic materials
- Rotating equipment
- Confined spaces

## **6.5 Environmental Hazards**

- Air emissions
- Wastewater discharges
- Soil contamination
- Groundwater contamination
- Hazardous waste generation

## **6.6 Storage Hazards**

- Incompatible chemical storage
- Container integrity failures
- Overfilling of tanks
- Secondary containment failures
- Improper labeling

## **6.7 Transportation Hazards**

- Loading/unloading operations
- Pipeline transfers
- Tanker truck operations
- Rail car handling
- Packaging failures

## **6.8 Laboratory Hazards**

- Small-scale reactions
  - Sample handling
  - Analytical equipment
  - Compressed gas cylinders
  - Biological hazards
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# 7. Chemical Inventory and Hazard Classification

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## 7.1 Major Chemical Inventory

Chemical Name	CAS Number	GHS Classification	Quantity	Location

## 7.2 Highly Hazardous Chemicals (PSM/RMP)

Chemical	Threshold Quantity	Actual Quantity	Above Threshold
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

## 7.3 Chemical Incompatibility Matrix

Chemical A	Chemical B	Incompatibility	Segregation Required
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

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# 8. Process Safety Management Elements

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## 8.1 PSM Compliance Checklist

PSM Element	Status	Last Review
Process Safety Information	<input type="checkbox"/> Complete	
Process Hazard Analysis	<input type="checkbox"/> Complete	
Operating Procedures	<input type="checkbox"/> Complete	
Training	<input type="checkbox"/> Complete	
Mechanical Integrity	<input type="checkbox"/> Complete	
Management of Change	<input type="checkbox"/> Complete	
Pre-Startup Safety Review	<input type="checkbox"/> Complete	
Compliance Audits	<input type="checkbox"/> Complete	
Incident Investigation	<input type="checkbox"/> Complete	
Emergency Planning	<input type="checkbox"/> Complete	
Contractor Safety	<input type="checkbox"/> Complete	
Employee Participation	<input type="checkbox"/> Complete	
Hot Work Permits	<input type="checkbox"/> Complete	
Trade Secrets	<input type="checkbox"/> Complete	

## 8.2 Process Hazard Analysis Summary

Process Unit	PHA Method	Last PHA Date	Recommendations Open
	<input type="checkbox"/> HAZOP <input type="checkbox"/> What-If <input type="checkbox"/> FMEA		
	<input type="checkbox"/> HAZOP <input type="checkbox"/> What-If <input type="checkbox"/> FMEA		
	<input type="checkbox"/> HAZOP <input type="checkbox"/> What-If <input type="checkbox"/> FMEA		

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# 9. Engineering Controls

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## 9.1 Ventilation Systems

Area	Ventilation Type	Air Changes/Hour	Last Inspection
	<input type="checkbox"/> General <input type="checkbox"/> Local Exhaust		
	<input type="checkbox"/> General <input type="checkbox"/> Local Exhaust		
	<input type="checkbox"/> General <input type="checkbox"/> Local Exhaust		

## 9.2 Safety Systems

System	Location	Status	Last Test
Emergency Shutdown		<input type="checkbox"/> Operational	
Pressure Relief Devices		<input type="checkbox"/> Operational	
Rupture Discs		<input type="checkbox"/> Operational	
Flame Arrestors		<input type="checkbox"/> Operational	
Containment Systems		<input type="checkbox"/> Operational	
Scrubbers/Absorbers		<input type="checkbox"/> Operational	

## 9.3 Detection and Alarm Systems

System	Gases Detected	Alarm Setpoints	Last Calibration

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## 10. Emergency Response Procedures

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### 10.1 Emergency Contacts

Role	Name	Contact Number
Plant Manager		
EHS Manager		
Process Safety Manager		
Control Room		
Emergency Services		911 / 000 / 999
CHEMTREC		1-800-424-9300
Poison Control		
EPA/Regulatory Authority		
Environmental Contractor		

### 10.2 Emergency Procedures

#### Chemical Spill:

1. Evacuate immediate area
2. Alert others and sound alarm
3. Identify chemical from SDS/labels
4. Notify control room/supervisor
5. Don appropriate PPE if response required
6. Contain spill if safe (dikes, absorbents)
7. Do not wash into drains
8. Report to regulatory authorities if required

#### Chemical Exposure:

1. Remove victim from exposure area
2. Remove contaminated clothing
3. Flush affected area with water (15+ minutes)
4. Call emergency services/poison control
5. Provide SDS to medical personnel
6. Complete incident report

**Fire/Explosion:**

1. Activate fire alarm
2. Evacuate to designated area
3. Call emergency services
4. Initiate emergency shutdown if trained
5. Do not fight chemical fires without training
6. Account for all personnel

**Process Upset/Release:**

1. Initiate emergency shutdown
2. Evacuate affected area
3. Notify control room immediately
4. Activate emergency response team
5. Monitor for toxic/flammable atmospheres
6. Implement shelter-in-place if required

**Toxic Gas Release:**

1. Hold breath and evacuate crosswind/upwind
2. Sound alarm
3. Don SCBA if rescue required
4. Notify emergency services
5. Implement community notification if required

**Assembly Points:**

- Primary: \_\_\_\_\_
- Secondary: \_\_\_\_\_
- Shelter-in-Place Location: \_\_\_\_\_

## 11. Personal Protective Equipment (PPE) Requirements

PPE Item	Required	Specification
Safety Glasses/Goggles	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Face Shield	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Chemical Resistant Gloves	<input type="checkbox"/> Yes <input type="checkbox"/> No	Material: _____
Chemical Suit/Apron	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Respiratory Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
SCBA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Duration: _____
Safety Boots	<input type="checkbox"/> Yes <input type="checkbox"/> No	Chemical resistant: <input type="checkbox"/> Yes <input type="checkbox"/> No
Hard Hat	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____
Hearing Protection	<input type="checkbox"/> Yes <input type="checkbox"/> No	NRR: _____
Other: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No	_____

# 12. Environmental Compliance

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## 12.1 Permits and Authorizations

Permit Type	Permit Number	Expiration Date	Status
Air Permit			<input type="checkbox"/> Current
Water Discharge			<input type="checkbox"/> Current
Hazardous Waste			<input type="checkbox"/> Current
Storage Tank			<input type="checkbox"/> Current

## 12.2 Spill Prevention

Measure	Implemented	Details
Secondary containment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Spill kits available	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPCC Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Stormwater controls	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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# 13. Sign-Off and Approval

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## Assessor Declaration

I confirm that this risk assessment has been conducted in accordance with applicable chemical safety regulations and represents an accurate evaluation of the identified hazards.

<b>Assessor Name:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

## EHS Review

I have reviewed this risk assessment and confirm that appropriate controls are in place.

<b>EHS Manager Name:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

## Management Approval

I approve this risk assessment and authorize the implementation of the identified control measures.

<b>Plant Manager Name:</b>	_____
<b>Position:</b>	_____
<b>Signature:</b>	_____
<b>Date:</b>	_____

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# 14. Review Schedule

Review Type	Frequency	Next Review Date
Daily Safety Checks	Daily	
Process Hazard Analysis	Every 5 years	
Comprehensive Review	Annually	
Post-Incident Review	As required	
Management of Change	As required	

**Triggers for Immediate Review:**

- Any incident, near-miss, or release
- Process or equipment changes
- New chemicals introduced
- Regulatory changes
- PHA recommendations
- Audit findings
- Employee concerns

# Document Control

Version	Date	Author	Changes Made
1.0			Initial version

*This document is a template and should be customized to meet specific facility requirements and regulatory requirements (OSHA PSM, EPA RMP, local regulations).*