



EVALUATION SHEET
OF ACTIVITIES USING CARCINOGENIC AND MUTAGENIC SUBSTANCES

Form n.	Start date of employment	Date of termination of employment
Surname and name		Place of use
Substance used	Pure use? Yes <input type="checkbox"/> No <input type="checkbox"/> in solution at %	
CAS		
Carcinogenic or suspected carcinogenic substance (R45 R49 R 40 H350 H351) <input type="checkbox"/>		
Mutagenic substance or suspected mutagenic substance (R46 H340 H341) <input type="checkbox"/>		

Activity:			
Phase 1 description:			
Phase 2 description:			
Phase 3 description:			
	Phase 1	Phase 2	Phase 3
Physical state	<input type="checkbox"/> gas <input type="checkbox"/> dust <input type="checkbox"/> liquid <input type="checkbox"/> gel	<input type="checkbox"/> gas <input type="checkbox"/> dust <input type="checkbox"/> liquid <input type="checkbox"/> gel	<input type="checkbox"/> gas <input type="checkbox"/> dust <input type="checkbox"/> liquid <input type="checkbox"/> gel
Manipulated quantity (Q)	<input type="checkbox"/> Q > 250ml/100g <input type="checkbox"/> 50ml/1g < Q < 250ml/100g <input type="checkbox"/> Q ≤ 50ml/1g	<input type="checkbox"/> Q > 250ml/100g <input type="checkbox"/> 50ml/1g < Q < 250ml/100g <input type="checkbox"/> Q ≤ 50ml/1g	<input type="checkbox"/> Q > 250ml/100g <input type="checkbox"/> 50ml/1g < Q < 250ml/100g <input type="checkbox"/> Q ≤ 50ml/1g
Number of manipulations per year (F)	<input type="checkbox"/> F > 12 <input type="checkbox"/> 5 < F < 12 <input type="checkbox"/> F ≤ 5	<input type="checkbox"/> F > 12 <input type="checkbox"/> 5 < F < 12 <input type="checkbox"/> F ≤ 5	<input type="checkbox"/> F > 12 <input type="checkbox"/> 5 < F < 12 <input type="checkbox"/> F ≤ 5
Exposure time in continuous minutes	<input type="checkbox"/> T > 30 <input type="checkbox"/> 15 < T < 30 <input type="checkbox"/> T ≤ 15	<input type="checkbox"/> T > 30 <input type="checkbox"/> 15 < T < 30 <input type="checkbox"/> T ≤ 15	<input type="checkbox"/> T > 30 <input type="checkbox"/> 15 < T < 30 <input type="checkbox"/> T ≤ 15
Use of chemical hood	<input type="checkbox"/> NO <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> NO <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	<input type="checkbox"/> NO <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

Personal protective equipment used		
Gloves <input type="checkbox"/>	Goggles <input type="checkbox"/>	Mask with filter <input type="checkbox"/>
Screen <input type="checkbox"/>	Other? <input type="checkbox"/> Describe	
Possibility of substitution? Yes <input type="checkbox"/> No <input type="checkbox"/> , Why		

Person concerned	The person responsible for the activity
------------------	---



The local security officer	The department Director
Place and date:	

Level of exposure			Place
B <input type="checkbox"/>	M <input type="checkbox"/>	A <input type="checkbox"/>	The responsible / The Service Officer

Attention!

- The document must be signed by the employee, the Responsible and the Department Director.
- The documentation, completed in its entirety and complete with the necessary attachments, must be forwarded to the secretariat of the Department to which it belongs.
- For any doubts about filling in the form, please contact the following numbers: 031 2389346 or 0332 219051 - 9050 - 9317