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| logo_eiga | **Near - Consumer Applications - Field Data Collection Checklist****(to be completed at the client \ customer site for new uses not previously assessed or approved)** |
| **It is anticipated that the same Checklist can be used both for a preliminary completion by field personnel and a more detailed assessment at a later visit by a safety professional (e.g. EH&S, engineering, etc) if needed.** |
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| **Application:** |  |  | **Date:** |  |
| **Customer:** |  |  | **Contact:** |  |
| **Address:** |  |  | **Tel:** |  |
|  |  |  | **Email:** |  |
|  |  |  |  |  |
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| **Non Supported Use**Before completing this form please check if the intended use is already listed on the gas supplier’s list of non-supported/prohibited uses or whether it has already been assessed and (a minimum set of)risk management measures (RMM’s) already defined. In the case that RMM’s are already defined, completing this form will facilitate further decision-making regarding which RMM’s to apply in this specific case |
| **1. Use Description1a**Which cryogenic liquid or gaseous product is being offered? Describe its application. Provide a description of the process in as much detail as possible (in attachments/photos if necessary). What is the service or treatment or benefit being offering to the final customer/consumer? |
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| **2. Factors Contributing to Likelihood of Unintended Consequences (circle / insert answer)** |
| 2.1. Location of Use | Inside | Outside | If inside estimate dimensions of space (m3) |
| 2.2. Type of End Use | Retail | Cosmetic / Beauty / Spa / Fitness | Medical / Therapeutic | Other (describe) |
| 2.3. Application Method | Intentional Exposure | Open system with high potential for exposure | Open system with low potential for exposure | Closed system |

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| 2.4. Exposure Amount | Quantity sufficient to cause a hazardous consequence | Quantity limited so as unable to cause a hazardous consequence | Estimated usage rate of product (m3/hour) |
| 2.5. Exposure Frequencies2Employee/operatorCustomer/consumer | Comment: |
| Continuous | Frequent | Once per day | Sporadic \ Rare |
| Continuous | Frequent | Once per day | Sporadic \ Rare |
| 2.6. Number Exposed2 | Specify number of people exposed and distinguish between customers/consumers and employees/operators |
| 2.7.Technical Competencies of Employees3 | Low | Not Known | High | Specify if known(e.g. medically trained, professional qualification, etc) |
| 2.8.Level of HSE maturity of the client4 | Low | Not Known | High | Describe |
| 2.9.Safety level of equipment used for application1b | Relying predominantly on procedural/admin risk control | Not known | Relying partially on procedural/admin risk control | Risk is substantially reduced by instrumented or mechanical protective systems |
| Describe existing risk mitigation measures:(e.g. ventilation system, gas analysers, process interlocks, etc) |

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| **3. Scope of Supply (circle answer)** |
| Gas only | Gas + Equipment | Gas + Equipment + Maintenance | Overall Service / Treatment |
| Details if applicable: | Details if applicable: | Details if applicable: | Details if applicable: |
| **4. Product Supply** |
| What is the package type (e.g. aerosol, cylinder, dewar, bulk tank) and specification (e.g. container size)?Is package/container/tank owned by customer? (circle) YES / NO |
| 4.1. Storage Location | Inside | Outside | If inside estimate dimensions of space (m3) |
| Description: |

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| **5. Regulatory Obligations: (circle answer)**Are applicable laws and regulations for such kind of activities/applications known by customer and/or supplier? |
| Yes | No | Unclear \ unknown |
| 5.1. Specify regulation if known:(e.g. Medical Device Directive, etc) |
| **6. Enclosed documents:** |
| 6.1. SDS Yes \ No | **Other docs** | **Other docs** |
| 6.2. P&ID (elementary) Yes \ No | **Other docs** | **Other docs** |
| 6.3. Process \ application detailed description Yes \ No | **Other docs** | **Other docs** |

**Data collection performed by (name \ position):**

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**Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_