**COSHH Assessment form -**Subject to Control of Substances Hazardous to Health Regulations

This risk assessment is to be used to identify the risks and control measures required for hazardous substances but not Zoonosis or Biological agents.

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| Name of Hazardous Substance or Description of Process: |

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| Date of Assessment:      |

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| Date of Review:      |

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| Location of Activity/Process: |

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| Task or process being carried out? |

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| Name of manufacturer: |       | Tel No: |       | Safety Data Sheet (SDS) attached  | Yes [ ]  No [ ]  |
| Manufacturer address: |       | Ref number and date on SDS  |               |

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| **Tick appropriate boxes** | Harmful skin irritation, serious eye irritation.[ ]  |  | Acute toxicity, very toxic (fatal) toxic.[ ]  |  | Respiratory sensitiser, mutagen, carcinogen, reproductive toxicity, systematic target organ toxicity, aspiration hazard.[ ]  |  | Oxidising – gases, liquids, solids.[ ]  |  | Explosive, self-reactive, organic peroxide.[ ]  |
|  | Corrosive (severe skin burns and eye damage), serious eye damage [ ]  |  | Harmful to the environment.[ ]  |  | Flammable gas, liquid, solid or aerosol, organic peroxides, self-reactive, pyrophoric, self-heating, contact with water emits flammable gas.[ ]  | Compressed gas | Gases under pressure[ ]  |  |  |
| **Please identify the Hazard (H) Phrases:** |  |

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| **About the Substance:** *Please note that the use of pesticides/herbicides, must be recorded on the Pesticide Record sheet* |
| In what form is the substance being used/supplied or created: |  | Additional preparation required prior to use: |  | Ratio of mix: |
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| Likely Route of Entry: |  | Does the substance have a workplace exposure limit? |  | Is there the potential for it to be exceeded? |  |
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|  |  | If answer is “Yes” to above question, have you contacted H&S advisor and recorded recommended actions. |  |

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| Amount of substance supplied/stored on site: |       |  | Total amount used or generated per operation: |       |  |
| Method of application/generation: | Duration of exposure per application/operation: | Frequency of exposure: |
| Sec/Min/Hours: | Days/Week: |
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| Substance used as a stand-alone product? |  | Used with a combination of substances? |  | Accumulated effects of similar constituents considered? |  | Separate assessment in place for accumulated effects? Tick if **YES[ ]**   If answered **No**,a separate assessment to be completed. |

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| **What controls are required for all activities identified in this assessment, and what has been implemented on the specific site?***NB: Controls are identified within Safety Data sheets, and guidance found in the Corporate PPE procedure for PPE and RPE.* |
| **Means of protection** | **Control required** | **Control Mechanism** | **Action No** |
| **Ventilation** | General | [ ]  |  |       |
| Air Monitoring | [ ]  |  |       |
| Local Exhaust Ventilation | [ ]  |  |       |
| **Skin Protection** | Pre-Work Creams | [ ]  |  |       |
| Hand Protection | [ ]  |  |  |       |
| Body Protection | [ ]  |  |  |       |
| [ ]  |  |       |
| Footwear | [ ]  | Identify Type: |       |  |       |
| **Respiratory Protection** | Protection Factor RQD | Half Mask | [ ]  |  |  |  |
|  | Full Mask | [ ]  |  |       |

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| **Eye & Face Protection** | Safety Spectacles | [ ]  | Is the protection appropriate for the type of substance being used? |  |  |  |
| Safety Goggles | [ ]  |       |
| Face Shields | [ ]  |       |

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| **Additional Controls** |
| Staff trained in self-examination? |  | Health Surveillance required? |  | OCU Health Surveillance Program in place? |  | System in place to ensure programme is current and monitored. |  |

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| As the Assessor I have considered the current, and any additional controls.I consider this activity to have been reduced to a level that is acceptable or as low as is reasonably practicable. Instructions for safe use where appropriate are below. | Signed | Date |
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| As the Responsible manager, I can confirm that the information provided is relevant to the individual substance for the purpose of its use on this occasion. I have informed all other persons using this substance of the control measures that are in place.  | Signed | Date |
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**Original risk assessments must be kept for a period of 40 years. On completion a hard copy should be printed off and placed in your local/site health and safety folder and hazards, risks and control measures implemented, should be communicated to all individuals identified at risk within the risk assessment**

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| **Safe Working Instructions for Operative** *This should be shared with those carrying out tasks and processes where hazardous substances are used or created.* |
| Name of product/process |
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| Location of risk assessment and SDS |
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| Storage Arrangements, including location, conditions, and any compatibility restraints: |
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| Instructions for use/process, including dilution rates if applicable, application method, ventilation requirements. |
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| What control measures are required: list specified PPE, mechanical controls such as LEV, barriers etc. |
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| Clean up and Disposal Arrangements: |
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| First Aid Requirements: |
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| Fire Precautions: |
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| Any further considerations: |
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