COSHH Risk Assessment

1.0	PRE\	/ENTION	OF	EXPOSU	IRE
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Can a less hazardous substance be used? (If "Yes",	Y/N	
explain why it is not used)		

2.0 SUBSTANCE INFORMATION

Substance/material					Trade name					
What is the substance used for? (E.g. cleaning floors, pr					protective coating, etc.)					
What are the hazardous ingredients/chemicals in the substance? (List Below)										
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Do any of the chemicals have workplace exposure limits set under EH 40?										
Long Term Exposure Limit(s)			Short Term Exposure Limit (s)							
Is the substance:	Y/N	Y/N		Y/N		Y/N			Y/N	
Extremely		Oxidising?			Very Toxic?		Sensitising			
Flammable?										
Highly Flammable?	Harmful?			Corrosive?		?				
Flammable?	Toxic?			Irritant?	?					
Is the substance hazardous to health when:										
In contact with the		In contact with			Breathed in?	thed in? Swallowed?		allowed?		
skin?		the eyes?								

3.0 USE OF SUBSTANCE

List all operations conducted, where persons may be exposed to substance? (E.g. mixing, machinery
maintenance, cleaning of equipment, transferring substance etc.)
Who is exposed to the substance? (E.g. those using it, cleaning staff etc.)
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How should the substance be used? (E.g. diluted in water, sprayed, applied by brush etc.)
First Aid:
List any groups that the substance presents additional risks to: (E.g. expectant mothers etc.)
How the old the substance he stored 2/F a legisla day should average at a legislation of the substance at legislation of the substance at a legislation of the substance at legislation of the substance
How should the substance be stored? (E.g. locked cupboard, away from other substances etc.)

How should the substance	be dispo	sed of?						
4.0 CONTROL MEAS	SURES							
What controls are required for this substance, other than Personal Protective Equipment (PPE)? (E.g. well-								
ventilated area, trained ope	erators or	nly etc.)						
		-						
List any documented work	instructi	ons/procedures to	be followed when	using the	substance			
If PPE is required, state exa	actly which	ch type (E.g. full fac	e visor. latex gloves	etc.)				
Eye protection		/ (8						
Overalls/Clothing								
Gloves								
Mask/respirator								
Other								
List any other substances t	hat this s	uhstance must not	come in contact w	ith				
List any other substances t	ilat tilis s	abstance must not	come in contact w	1011				
What quantity of the subs	tance is re	equired to be kept?	?					
		TH SURVEILLANC						
Is workplace exposure n		ng required? (Tick	(√)		YES	NO		
(If required, give details)								
Is health surveillance red	quired?	(Tick √)			YES	NO		
(If required, give details)	•							
6.0 ASSESSMENT OF	RISK							
With these controls applie	d, the risl	k to the health of e	mployees and othe	ers is (Tick	:√):			
Unacceptable	nacceptable Adequately Controlled		Further Controls		More Info	rmation		
			Required		Required			
Further Control Measures Required (List further action needed to adequately control risk)								
Assessor(s) name: Assessor(s) signature: Date:								
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