

COSHH Assessment

You must have the substance's Safety Data Sheet in order to fill out this form. Safety Data Sheets are available from the supplier of the substance you are assessing. If you are using the substance on this form, then you must read and follow this assessment.

Information about the substance (from the Safety Data Sheet (SDS))

Work Area/Location:

Substance/Material: **Trade Name:**

What is the substance used for?
(eg. Cleaning surfaces, treating floors)

Is the substance: (look at section 3 of the data sheet)

- | | | | |
|--|-------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Highly Flammable? | <input type="checkbox"/> Toxic? | <input type="checkbox"/> Sensitising? | <input type="checkbox"/> Other? (please specify) |
| <input type="checkbox"/> Flammable? | <input type="checkbox"/> Corrosive? | <input type="checkbox"/> Irritant? | <input type="text"/> |
| <input type="checkbox"/> Oxidising? | <input type="checkbox"/> Harmful? | | |

Is the substance hazardous to health when:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> In contact with skin? | <input type="checkbox"/> Breathed in? | <input type="checkbox"/> Other? (please specify) |
| <input type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed? | <input type="text"/> |

How the substance is being used at your workplace

How is the substance being used?
(e.g. diluted in water, applied with a brush, sprayed)

Approximately how much is used every week?
(i.e. approx amount in litres/kilos etc.)

Who is exposed to the substance?
(e.g. those using it, patients, visitors etc.)

Does the substance present any additional risks to Certain groups or individuals?
(e.g. young people, expectant mothers)

Control Measures

Could a less hazardous substance be used to do the same job? Yes No
(If you don't know, please contact the supplier for further information)

Controls (see sections 7 & 15 of the SDS):
What controls are required for this substance, other than Personal Protective Equipment (PPE)?
(e.g. well ventilated areas, not in mist/spray form, Mechanical ventilation, authorised persons only.)

PPE (see section 8 of the SDS): **Is any Personal Protective Equipment required when using the substance?**

- | | |
|---|--|
|  <input type="checkbox"/> Eye Protection? (state type required) <input type="text"/> |  <input type="checkbox"/> Gloves? (state type required) <input type="text"/> |
|  <input type="checkbox"/> Overalls/Clothing? (state type required) <input type="text"/> |  <input type="checkbox"/> Mask/Respirator? (state type required) <input type="text"/> |

Storage (see section 7 of the SDS):

How should the substance be stored?

(e.g. locked cupboard which is appropriately labelled, away from other products etc.)

Have people using the substance been provided with information/training on its use?

Yes No

(As a minimum ensure a copy of this assessment is in a known and readily accessible location)

Other precautions and emergency procedures

Spillages (look at section 6 of the SDS):

How should an accidental spillage or release be dealt with?

First Aid (look at section 4 of the SDS):

What should be done if the substance is:

Swallowed?

In contact with eyes?

Inhaled?

In contact with skin?

Fire Precautions (look at section 5 of the SDS): **What actions should be taken in the event of fires involving this substance?**

Chemical Reactions (look at section 10 of the SDS):

Is there any other substance that this substance must not come into contact with?

Disposal (look at section 13 of the SDS) **How should The substance be disposed of (or not disposed of)?**

Health Surveillance: Do staff using the substance require any health surveillance?

ASSESSMENT OF RISK

Are all of the controls detailed above already in place?

Yes No

If these controls are not in place, or any additional controls are required, state remedial action to be taken:

Remedial actions required:	Date for completion:
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Are hazards to health adequately controlled with control measures in place?

Yes No

Assessor(s) Name:	Assessor(s) Signature:	Date:
<i>The line manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.</i>		
Line Managers Name:	Line Managers Signature:	Date:
Remedial Actions Complete (date):	Line Managers Signature:	Review Due: