COSHH Assessment Form

This form must be completed for any hazardous substance used on our premises, or provided by us for use during organised activities (e.g. exhibitions, work experience).

A copy of the current safety data sheet will be required to complete this form. These can be obtained from the supplier or manufacturer.

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:**  |  | **Date:** |  |
| **Product Name:** | <Section 1 of MSDS> |
| **Manufacturer / Supplier:** | <Section 1 of MSDS> |
|  |
| **SUBSTANCE DETAILS** |
| **Location of use:** | <Enter name of area where product is to be used> |
| **Persons at risk:** |  Employees [ ]  |  Contractors [ ]  |  Visitors [ ]  |
| **Hazardous Substance(s) involved:**  | <Section 2 of MSDS> |
| **Classification** *(select all applicable categories)* |
|  |[ ]  Very toxic |  |[ ]  Sensitising |  |[ ]  Gas under pressure |
|  |[ ]  Harmful |  |[ ]  Flammable |  |[ ]  Danger to the Environment |
|  |[ ]  Corrosive |  |[ ]  Explosive |  |[ ]  Oxidising |
| ***Hazard Phrases:*** *<ENTER; Hxx>**<ENTER; Hxx>* |
| **Physical form:** *(select applicable category)* |
| Gas [ ]  Vapour [ ]  Aerosol[ ]  Fume [ ]  Dust [ ]  Liquid [ ]  Solid [ ]  |
| **Route of Exposure**: *(select all applicable categories)* |
| Inhalation [ ]  Skin contact [ ]  Eye contact [ ]  Ingestion/swallowed [ ]  |
| **What is the substance used for:** | *e.g. cleaning of surfaces, painting, adhesive* |
| **How is the substance used:** | *e.g. diluted in water; sprayed directly onto product; applied using a brush.* |
| **Frequency and duration of each use:***e.g. 5 minutes, once per day* |  | **Amount used at each application:***e.g. 5ml; 100g* |  |
|  |
| **Workplace Exposure Limits (WELs):** |
| Long-term exposure level (8hrTWA): * **xxxxx:** xxxxx mg/m3
* <Section 8 of MSDS>
 | Short-term exposure level (15 mins):* **xxxxx:** xxxxx mg/m3
 |
| **CONTROL MEASURES** |
| Could a less hazardous substance be used to do the same job? *(Contact supplier if unsure)* | Yes [ ]  No [ ]  |
| What controls are required for this substance, other than Personal Protective Equipment (PPE)?*(E.g. alternative form, use less, enclose the process, mechanical ventilation / extraction, restrict users, limit time)* |
|  |
| ***Precautionary Statements / Safety Phrases***:*<ENTER; Pxx>* |
| Is health surveillance or monitoring required? (*If yes, state type)* Yes [ ] No [ ]  |
| **Personal Protective Equipment** *(State type and standard required)* |
| Dust mask |  | Visor |  |
| Respirator |  | Goggles |  |
| Gloves |  | Overalls |  |
| Footwear |  | Other |  |
| **OTHER ARRANGEMENTS** |
| **First Aid Measures** |
| **Eye contact** | *<Enter measures here>.* |
| **Ingestion** | *<Enter measures here>.* |
| **Inhalation** | *<Enter measures here>.* |
| **Skin contact** | *<Enter measures here>.* |

|  |
| --- |
| **Storage** |
| *Enter requirements, including details of other substances that this substance must not come into contact with* |
| **Disposal of Substances & Contaminated Containers** *(select applicable category)* |
| Hazardous Waste [ ]  General Waste [ ]  Return to Supplier [ ]  Other [ ] (If Other Please State):  |
| **Emergency Considerations:** |
| **Fire**:  | *<Enter measures here>.* |
| **Spillage**:  | *<Enter measures here>.* |
| **RISK RATING FOLLOWING CONTROL MEASURES** |
|  High [ ]  Medium [ ] Low [ ]  Annual Review 3 year review 5 year review |
|  |