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>.* | | | | | | | | | | | | | | | | | | | | | |

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| **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 | |
|  | |