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| **COSHH ASSESSMENT** | | | | | |
| **STC Department:**  **STC Premises:** | | | | | |
| **DETAILS OF SUPPLIER/ MANUFACTURER** | | | | | |
| **Details of the suppliers of the safety data sheet?** (Address/Emergency contact number/email) | | | | | |
| **SUBSTANCE INFORMATION** | | | | | |
| **Product Name:** | | | **What is the substance used for?** | | |
| **If a mixture what are the hazardous chemicals/ingredients?** | | | | | |
| **Does the Substance have a Workplace Exposure Limit?**  **If yes, state the limit** (Note-exposure to substances must be reduced as far as reasonably practicable and the limits must not be exceeded) | | | | | **YES NO** |
| **HAZARD PICTOGRAMS** | | | | | |
| **Click the box(s) that apply**  **Is the substance: (Read the label/refer to Safety Data Sheet)** | | | | | |
| **Explosive** | | **Flammable** | | **Corrosive** | |
| **Oxidising** | | **Acute Toxicity** | | **Hazardous to the Environment** | |
| **Serious Health Hazard**  Health hazard | | **Health Hazard/ Hazardous to the ozone layer** | | **Gas Under Pressure** | |
| **Other?** (Specify) | | | | | |
| **Risk Phrases/Hazard Statements / Safety Phrases / Precautionary Statements:** (Refer to label / Safety Data Sheet) | | | | | |
| **Is the Substance Hazardous to health when:** | | | | | |
| Skin Contact | Inhalation | | | Other (Specify) | |
| Contact | Ingestion | | |
| **Can an alternative hazardous substance be used to do the same Job?** (Hazardous substances should not be used when a safer alternative is available. If you don’t know contact your supplier or other source of specialist advice) | | | | | **YES NO** |
| **USE OF SUBSTANCE** | | | | | |
| **How should the substance be used?** Diluted  Applied with a brush  sprayed  Other  (specify) | | | | | |
| **How much Is used each time?** | | | | | |
| **Who is exposed to the substance/mixture?** (e.g., users, other persons) Users/ other workers in the vicinity | | | | | |
| **Groups or individuals at additional risk?** (e.g., young people, women of childbearing age, new or expectant mothers, immunosuppressed) | | | | | |

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| **CONTROL MEASURES** | | | | | | | | |
| **What controls are required for this substance, other than personal protective equipment (PPE)?** (e.g., avoidance of spray/mist; use of pellets or gel instead of powders, mechanical ventilation) | | | | | | | | |
| **Personal Protective Equipment (PPE) required when using the substance/mixture** | | | | | | | | |
|  | Eye Protection(state type) | | | |  | Gloves (state type) | | |
|  | Overalls/clothing (state Type) | | | |  | Mask/respirator (state type) | | |
|  | Other (state type) | | | | | | | |
| **How should the substance be stored?** (e.g., locked cupboard, segregated from incompatible substance) | | | | | | | | |
| **Have persons using this substance been provided with information or training in its use?** (As a minimum ensure a copy of this assessment is in a known and readily accessible location) | | | | | | | | **YES No** |
| **OTHER PRECAUTIONS AND EMERGENCY PROCEDURES** | | | | | | | | |
| **Spillages:** How should an accidental release/spillage of this substance be dealt with? | | | | | | | | |
| **First Aid:** What actions should be taken if the substance is: | | | | | | | | |
| a) Ingestion | | | b) Eyes Contact | | | | | |
| c) Skin Contact | | | d) Inhalation | | | | | |
| e) Other (specify): | | | | | | | | |
| **Fire Precautions:** What actions should be taken in the event of fires involving this substance? | | | | | | | | |
| **5.1 Extinguishing Media:** | | **5.2 Special hazards arising from the substance or mixture:** | | | | | **5.3 Advice for firefighting:** | |
| **Chemical reactions:** Are there any other substances that this substance must not come into contact with? (e.g., storage, working environment) | | | | | | | | |
| **Are there any other relevant hazards and how will they be addressed?**  (e.g., flammable substances – exclude sources of ignition) | | | | | | | | |
| **Level of supervision required:** (specify) Used by a competent person | | | | | | | | |
| **Disposal:** How should the substance be disposed of? | | | | **General Information?** | | | | |
| **Disposal Methods?** | | | | |
| **Health Surveillance:** Do staff using the substance require any health surveillance? **YES  NO** (if yes please state what assessment is needed) | | | | | | | | |
| **ASSESSMENT OF RISK** | | | | | | | | |
| **Are all the controls detailed above currently in place? If these controls are not implemented – or additional controls are required – state action to be taken.** Hazardous substances must NOT be used unless adequate control measures are in place | | | | | | | | **Yes NO** |
| **Remedial actions required** | | | | | | | | **By When** |
|  | | | | | | | |  |
| **Are hazards to health adequately controlled with all controls measures in place?** | | | | | | | | **Yes NO** |

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| **Assessor(s) Name:** | **Assessor(s) Signature:** | **Date:** |
| The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and the control measures and actions required | | |
| **Line Manager’s Name:** | **Line Manager’s Signature:** | **Date:** |
| **Date remedial Actions complete:** | **Line Manager’s Signature:** | **Date:** |

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| **Date Reviewed:** | **Reviewed By:** | **Next Review Date:** |