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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:**  |