	<b>COSHH Assessment Form</b>	<b>COSHH</b>	003
		<b>Issue</b>	1
		<b>Date</b>	26.10.2020

## SUBSTANCE INFORMATION

**Substance / Material:** **Trade Name (Other Name):**

Armourcoat Aquawax










**Task Description; What is the substance to be used for, how is it encountered? (e.g. Cleaning floors, protective coating. Etc):**

Aquawax is an anionically stabilized, aqueous dispersion of various waxes and additives. This product is suitable for coating porous surfaces where it will impart water resistant and stain resistant properties.

**Does the Chemical/ Substance have a :**


Work Place Exposure Limit? (State Opposite)      Yes     No

**Substance : (Check for a 'REACH' symbol on the product data sheet or packaging.)**

- |  |   |
|--|---|
|  <input type="checkbox"/> Danger      |  <input type="checkbox"/> Compressed or liquefied gas                  |
|  <input type="checkbox"/> Flammable  |  <input type="checkbox"/> Aquatic Toxicity                            |
|  <input type="checkbox"/> Oxidiser  |  <input type="checkbox"/> Warning                                    |
|  <input type="checkbox"/> Explosive |  <input type="checkbox"/> Sensitiser,carcinogen,mutagen or teratogen |
|  <input type="checkbox"/> Corrosive | Others <input type="checkbox"/>   |

**Is the Substance Hazardous to Health when:**

- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> In contact with skin? | <input type="checkbox"/> Breathed in? | <input type="checkbox"/> Other? (Specify below)                  |
| <input type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed?   | <input checked="" type="checkbox"/> Not classified as hazardous? |

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## USE OF SUBSTANCE

**How should the Substance be used?** (E.g. Diluted in Water, applied with a brush, sprayed, etc.)  
Used according to instructions.

**Estimation of the duration of the work and exposure. Regularity of Use?** (E.g. State Quantities and use as appropriate, etc.)  
Use depending on contract size.








**Who is exposed to the Substance?** (E.g. Those using it, Station Staff, public, etc.)  
Site Staff

**Does the Substance present additional risks to certain groups or individuals?** (E.g Young People.)  
No.

## CONTROL MEASURES

**Can a less Hazardous Substance be used to do the same job?**  
If so give details below, and reasons why this substance is used.  Yes  No

**What controls are required for this substance, other than PPE?** (E.g. Well Ventilated, not in spray form, etc.)  
Minimise dust generation when opening bags, mixing or sanding products in poorly ventilated places. Avoid eye contact or prolonged or repeated contact with skin. Use in a well-ventilated area.

<b>Is any Personal Protective Equipment (PPE) Required when using the Substance?</b>	
 <input checked="" type="checkbox"/>	<b>Eye Protection?</b> (State Type Required) <i>Safety glasses if splaying likely. Ensure eye bath is to hand.</i>
 <input checked="" type="checkbox"/>	<b>Gloves?</b> (State Type Required) <i>Protective gloves.</i>
 <input checked="" type="checkbox"/>	<b>Overalls/Clothing?</b> (State Type Required) <i>Workwear to be worn during operations.</i>
 <input type="checkbox"/>	<b>Mask/ Respirator?</b> (State Type Required)
 <input type="checkbox"/>	<b>Visor?</b> (State Type Required)
 <input checked="" type="checkbox"/>	<b>Footwear?</b> (State Type Required) <i>Suitable footwear for work location.</i>
 <input type="checkbox"/>	<b>Other?</b> (State Type Required)


**How should the Substance be stored?** (E.g. Locked Cupboard, away from other substances, etc.)  
Store in cool, dry, well ventilated area.

**Have persons using this substance been provided with information or training on its use?** (As a minimum ensure a copy of this assessment is in a known and readily accessible location.)  Yes  No

Full training provided to all site staff.

**OTHER PRECAUTIONS AND EMERGENCY PROCEDURES**

<b>Spillages</b> : How should an accidental release/ spillage of this substance be dealt with?	
If the product enters drains or sewers, immediately contact the local water company; in the case of contamination of streams, rivers or lakes, the relevant environment agency.	
<b>First Aid</b> : What actions should be taken if the Substance is :	
<b>a) Swallowed?</b>  If accidentally swallowed obtain immediate medical attention. Keep at rest. Do <b>NOT</b> induce vomiting.	<b>b) In Contact with Eyes?</b>  Remove contact lenses. Irrigate copiously with clean, fresh water, holding the eyelids apart, and seek medical advice.
<b>c) In Contact with Skin?</b>  Remove contaminated clothing. Wash skin thoroughly with soap and water or use a proprietary skin cleaner. Do <b>NOT</b> use solvents or thinners.	<b>d) Inhaled?</b>  Remove to fresh air, keep the patient warm and at rest. If breathing has stopped, administer artificial respiration. Give nothing by mouth. If unconscious, place in the recovery position and seek medical advice.
<b>e) Other</b>  Get medical attention if any symptoms persist.	
<b>Fire Precautions</b> : What actions should be taken in the event of fires involving this substance?	
Recommended: alcohol resistant foam, CO2, powder, water spray/mist. Not to be used: water jet	
<b>Chemical Reactions:</b> Is there any other substance that this substance must not come into contact with?	
Stable under normal temperature conditions.	
<b>Disposal:</b> How should the substance be disposed of (or not disposed of)?	
Disposal should be in accordance with current local and national legislation.	
<b>Health Surveillance</b> : Do staff using the substance require any health surveillance	
N/A.	

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**ASSESSMENT OF RISK**

**Are all the controls detailed above currently in place?**  Yes  No

**If these controls are not in place or additional controls are required, state action to be taken. Please note - COSHH substances must NOT be used if adequate control measures are not in place.**

Remedial actions required	Date for completion
None.	N/A.

**Are hazards to health adequately controlled with all control measures in place?**  Yes  No

Assessor(s) Name:	Assessor(s) Signature:	Date of Assessment:
A Wessen		26.10.2020

Remedial actions Complete: (Date)	Assessor(s) Signature:	Reviewed on: (Date)

Risk Assessment Review					
<b>Review Date:</b>		<b>Review Date:</b>		<b>Review Date:</b>	
<b>Name:</b>		<b>Name:</b>		<b>Name:</b>	
<b>Position:</b>		<b>Position:</b>		<b>Position:</b>	
<b>Signature:</b>		<b>Signature:</b>		<b>Signature:</b>	

**A copy of the product safety data sheet must be attached to this assessment**

**See attached COSHH Data Sheet**