	<b>COSHH Assessment Form</b>	<b>COSHH</b>	011
		<b>Issue</b>	1
		<b>Date</b>	26.10.2020

## SUBSTANCE INFORMATION

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

Armourcoat EcoWax




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

Armourcoat Ecowax is a wax emulsion that offers improved gloss and depth of colour to all smooth Armourcoat polished plasters. This product is suitable for coating porous surfaces where it will offer improved 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?**  Yes  No  
If so give details below, and reasons why this substance is used.

**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.

**Is any Personal Protective Equipment (PPE) Required when using the Substance?**

 <input checked="" type="checkbox"/>	<b>Eye Protection?</b> (State Type Required)  <b>Safety glasses.</b>	 <input checked="" type="checkbox"/>	<b>Gloves?</b> (State Type Required)  <b>Wear chemical-protective gloves with CE-labelling of category III</b>
 <input checked="" type="checkbox"/>	<b>Overalls/Clothing?</b> (State Type Required)  <b>Workwear to be worn during operations.</b>	 <input checked="" type="checkbox"/>	<b>Mask/ Respirator?</b> (State Type Required)  <b>Where exposure through inhalation may occur from use, respiratory protection equipment is recommended</b>
 <input type="checkbox"/>	<b>Visor?</b> (State Type Required)	 <input checked="" type="checkbox"/>	<b>Footwear?</b> (State Type Required)  <b>Suitable footwear for work location.</b>
 <input type="checkbox"/>	<b>Other?</b> (State Type Required) <b>Avoid contact with skin and eyes.</b>		

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**How should the Substance be stored?** (E.g. Locked Cupboard, away from other substances, etc.)

Keep cool. Store in a dry place. Store in a closed container. Protect from frost.

<b>Have persons using this substance been provided with information or training on its use?</b> (As a minimum ensure a copy of this assessment is in a known and readily accessible location.)	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
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Full training provided to all site staff.

**OTHER PRECAUTIONS AND EMERGENCY PROCEDURES**

**Spillages :** How should an accidental release/ spillage of this substance be dealt with?

Collect spillage.  
Absorb remaining liquid with sand or inert absorbent and remove to safe place.

**First Aid :** What actions should be taken if the Substance is :

<b>a) Swallowed?</b>	<b>b) In Contact with Eyes?</b>
If symptoms persist call a doctor.	Rinse cautiously with water for several minutes. If eye irritation persists: Get medical advice/attention.
<b>c) In Contact with Skin?</b>	<b>d) Inhaled?</b>
Wash with plenty of soap and water.	Supply fresh air; consult doctor in case of complaints.

**e) Other**

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**Fire Precautions :** What actions should be taken in the event of fires involving this substance?

Carbon dioxide. Dry powder. Water spray. Fight larger fires with water spray or alcohol resistant foam.

**Chemical Reactions:** Is there any other substance that this substance must not come into contact with?


No dangerous reactions known under normal conditions of use.

**Disposal:** How should the substance be disposed of (or not disposed of)?

Dispose in a safe manner in accordance with local/national regulations.

**Health Surveillance :** 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**