	COSHH Assessment Form	COSHH	004
		Issue	1
		Date	26.10.2020

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.)
Use only outdoors or in a well-ventilated area. Avoid breathing dust/fume/gas/mist/vapours/spray. Avoid contact with skin and eyes. Wear personal protective equipment.

Wash contaminated clothing before reuse. Contaminated work clothing should not be allowed out of the workplace. Do not eat, drink or smoke when using this product. Always wash hands after handling the product.

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

 <input checked="" type="checkbox"/> Eye Protection? (State Type Required) Safety glasses. Ensure eye bath is to hand.	 <input checked="" type="checkbox"/> Gloves? (State Type Required) Protective gloves.
 <input checked="" type="checkbox"/> Overalls/Clothing? (State Type Required) Workwear to be worn during operations.	 <input checked="" type="checkbox"/> Mask/ Respirator? (State Type Required) In case of insufficient ventilation, wear suitable respiratory equipment
 <input type="checkbox"/> Visor? (State Type Required)	 <input checked="" type="checkbox"/> Footwear? (State Type Required) Suitable footwear for work location.
 <input type="checkbox"/> Other? (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

Spillages : 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.

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

a) Swallowed?

Call a poison centre or a doctor if you feel unwell.

b) In Contact with Eyes?

Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. Call a physician immediately.

c) In Contact with Skin?

Wash skin with plenty of water. Take off contaminated clothing. If skin irritation or rash occurs: Get medical advice/attention.

d) Inhaled?

Remove person to fresh air and keep comfortable for breathing. Call a poison centre or a doctor if you feel unwell.

e) Other

Call a poison centre or a doctor if you feel unwell.

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

Water spray. Dry powder. Foam.

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


The product is non-reactive under normal conditions of use, storage and transport.

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

Dispose of contents/container in accordance with licensed collector's sorting instructions.

Health Surveillance : Do staff using the substance require any health surveillance

N/A.

	<h2>COSHH Assessment Form</h2>	COSHH	004
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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					
Review Date:		Review Date:		Review Date:	
Name:		Name:		Name:	
Position:		Position:		Position:	
Signature:		Signature:		Signature:	

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

See attached COSHH Data Sheet