

**SUBSTANCE INFORMATION**

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

Armourcoat Armuralia P50

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

Armuralia is an entirely natural product made from aged lime putty and crushed Bianco Carrara marble and contains almost no VOCs










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

Work Place Exposure Limit? (State Opposite)

Yes  No


Calcium Carbonate WEL – 10mg/m3 Total Inhalable  
 Calcium Hydroxide WEL – 5mg/m3 Total Inhalable  
 Mono Ethylene Glycol WEL – 60mg/m3 Total Inhalable  
 Calcium Magnesium Carbonate WEL – 10mg/m3 Total Inhalable

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

	<b>COSHH Assessment Form</b>	<b>COSHH</b>	002
		<b>Issue</b>	1
		<b>Date</b>	26.10.2020

## USE OF SUBSTANCE

<b>How should the Substance be used?</b> (E.g. Diluted in Water, applied with a brush, sprayed, etc.) Used according to instructions.
<b>Estimation of the duration of the work and exposure. Regularity of Use?</b> (E.g. State Quantities and use as appropriate, etc.) Use depending on contract size.
<b>Who is exposed to the Substance?</b> (E.g. Those using it, Station Staff, public, etc.) Site Staff
<b>Does the Substance present additional risks to certain groups or individuals?</b> (E.g Young People.) No.

## CONTROL MEASURES

<b>Can a less Hazardous Substance be used to do the same job?</b> If so give details below, and reasons why this substance is used.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>What controls are required for this substance, other than PPE?</b> (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. 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) <i>Respiratory protective device with particle filter.</i>
 <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)	
<b>How should the Substance be stored?</b> (E.g. Locked Cupboard, away from other substances, etc.) Store in cool, dry, well ventilated area.	
<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
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 :

<b>a) Swallowed?</b>	<b>b) In Contact with Eyes?</b>
Wash out mouth with water.	Bathe the eye with running water for 15 minutes.
<b>c) In Contact with Skin?</b>	<b>d) Inhaled?</b>
Wash out immediately with plenty of soap and water.	Provide fresh air.
<b>e) Other</b>	
Get medical attention if any symptoms persist.	

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

Suitable extinguishing media for the surrounding fire should be used.

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

Stable under normal temperature conditions.

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

Disposal should be in accordance with current local and national legislation.

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

N/A.


## 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**  Yes  No

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measures in place?		
<b>Assessor(s) Name:</b>	<b>Assessor(s) Signature:</b>	<b>Date of Assessment:</b>
A Wessen		26.10.2020
<b>Remedial actions Complete: (Date)</b>	<b>Assessor(s) Signature:</b>	<b>Reviewed on: (Date)</b>

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**