

### SUBSTANCE INFORMATION

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

Armourcoat Spatulata P80

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



P80 is a ready mixed superfine marble stucco paste that is trowel applied in a series of fine layers to create a highly polished decorative surface.

**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  
 Propylene Glycol WEL – 10 mg/m<sup>3</sup> particulates  
 474 mg/m<sup>3</sup> total vapour and particulates

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

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

**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 type="checkbox"/> Swallowed?   | <input type="checkbox"/> Not classified as hazardous? |

	<b>COSHH Assessment Form</b>	<b>COSHH</b>	010
		<b>Issue</b>	1
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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.)  
Ensure good ventilation of the work station.

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

 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>
<b>Eye Protection?</b> (State Type Required) <i>Safety glasses.</i>	<b>Gloves?</b> (State Type Required) <i>Protective gloves.</i>
 <input checked="" type="checkbox"/>	 <input checked="" type="checkbox"/>
<b>Overalls/Clothing?</b> (State Type Required) <i>Workwear to be worn during operations.</i>	<b>Mask/ Respirator?</b> (State Type Required) <i>In case of insufficient ventilation, wear suitable respiratory equipment</i>
 <input type="checkbox"/>	 <input type="checkbox"/>
<b>Visor?</b> (State Type Required)	<b>Footwear?</b> (State Type Required)
 <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**

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

Take up liquid spill into absorbent material.

Dispose of materials or solid residues at an authorized site.

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

<b>a) Swallowed?</b>	<b>b) In Contact with Eyes?</b>
Rinse mouth. Do not induce vomiting. Call a physician immediately.	Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy do. Continue rinsing. Call a physician immediately.
<b>c) In Contact with Skin?</b>	<b>d) Inhaled?</b>
Rinse skin with water/shower. Remove/Take off immediately all contaminated clothing. Call a physician immediately.	Remove person to fresh air and keep comfortable for breathing.

**e) Other**

Get medical attention if any symptoms persist.

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

Water spray. Dry powder. Foam. Carbon dioxide.

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


Stable under normal conditions.

**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.

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### ASSESSMENT OF RISK

<b>Are all the controls detailed above currently in place?</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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.		
<b>Remedial actions required</b>	<b>Date for completion</b>	
None.	N/A.	
<b>Are hazards to health adequately controlled with all control measures in place?</b>		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<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**