

SUBSTANCE INFORMATION

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

Armourcoat Polished Plaster Colourwash


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

Decorative coating for Armourcoat mineral plasters

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 checked="" type="checkbox"/> Aquatic Toxicity |
|  <input type="checkbox"/> Oxidiser |  <input checked="" type="checkbox"/> Warning |
|  <input type="checkbox"/> Explosive |  <input checked="" 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? |

	COSHH Assessment Form	COSHH	024
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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.

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

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

How should the Substance be stored? (E.g. Locked Cupboard, away from other substances, etc.)
Store in a well-ventilated place. Keep cool.

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?

Ventilate spillage area. Take up liquid spill into absorbent material.

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 eyes with water as a precaution.

c) In Contact with Skin?

Wash skin with plenty of water.

d) Inhaled?

Remove person to fresh air and keep comfortable for breathing.

e) Other

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?


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.

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ASSESSMENT OF RISK

Are all the controls detailed above currently in place?		<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.		
Remedial actions required	Date for completion	
None.	N/A.	
Are hazards to health adequately controlled with all control measures in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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