

SUBSTANCE INFORMATION

Substance / Material:	Trade Name (Other Name):
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PPX Topcoat




























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

Exterior grade decorative wall plaster.

Does the Chemical/ Substance have a :


Work Place Exposure Limit? (State Opposite)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Titanium Dioxide Anatase - 0 mg/m ³ Inhalable 4 mg/m ³ Respirable Calcium Carbonate - 10 mg/m ³ Calcium Hydroxide - 5 mg/m ³ Vinyl Acetate - 17.6 mg/m ³ / 35.2 mg/m ³ STEL Portland Cement - 10 mg/m ³ inhalable dust / 4 mg/m ³ respirable dust
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Substance : (Check for a 'REACH' symbol on the product data sheet or packaging.)

- | | | | | | | | | | | | | | | | | | | | | | |
|--|--|---------------------------------|---|------------------------------------|---|-----------------------------------|---|------------------------------------|---|---|--|--|--|---|---|---|---|---|---|--------------------------|---------------------------------|
| <table border="0"> <tr><td></td><td><input type="checkbox"/> Danger</td></tr> <tr><td></td><td><input type="checkbox"/> Flammable</td></tr> <tr><td></td><td><input type="checkbox"/> Oxidiser</td></tr> <tr><td></td><td><input type="checkbox"/> Explosive</td></tr> <tr><td></td><td><input checked="" type="checkbox"/> Corrosive</td></tr> </table> |  | <input type="checkbox"/> Danger |  | <input type="checkbox"/> Flammable |  | <input type="checkbox"/> Oxidiser |  | <input type="checkbox"/> Explosive |  | <input checked="" type="checkbox"/> Corrosive | <table border="0"> <tr><td></td><td><input type="checkbox"/> Compressed or liquefied gas</td></tr> <tr><td></td><td><input type="checkbox"/> Aquatic Toxicity</td></tr> <tr><td></td><td><input checked="" type="checkbox"/> Warning</td></tr> <tr><td></td><td><input type="checkbox"/> Sensitiser,carcinogen,mutagen or teratogen</td></tr> <tr><td><input type="checkbox"/></td><td>Others <input type="checkbox"/></td></tr> </table> |  | <input type="checkbox"/> Compressed or liquefied gas |  | <input type="checkbox"/> Aquatic Toxicity |  | <input checked="" type="checkbox"/> Warning |  | <input type="checkbox"/> Sensitiser,carcinogen,mutagen or teratogen | <input type="checkbox"/> | Others <input type="checkbox"/> |
|  | <input type="checkbox"/> Danger | | | | | | | | | | | | | | | | | | | | |
|  | <input type="checkbox"/> Flammable | | | | | | | | | | | | | | | | | | | | |
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| <input type="checkbox"/> | Others <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | |

Is the Substance Hazardous to Health when:

- | | | |
|---|--|---|
| <input checked="" type="checkbox"/> In contact with skin? | <input checked="" 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? |

	COSHH Assessment Form	COSHH	017
		Issue	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?
If so give details below, and reasons why this substance is used. Yes No

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"/> Eye Protection? (State Type Required) Safety glasses	 <input checked="" type="checkbox"/> Gloves? (State Type Required) Protective gloves
 <input checked="" type="checkbox"/> Overalls/Clothing? (State Type Required) Wear suitable protective clothing	 <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 type="checkbox"/> Footwear? (State Type Required)
 <input type="checkbox"/> Other? (State Type Required) Ensure good ventilation of the work station.	

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

Mechanically recover the product. Dispose of materials or solid residues at an authorized site.

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 center or a doctor if you feel unwell.

e) Other

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?


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					
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