	<b>COSHH Assessment Form</b>	<b>COSHH</b>	021
		<b>Issue</b>	1
		<b>Date</b>	26.10.2020

## SUBSTANCE INFORMATION

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

Armourcoat R75 Soap Sealer



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

Specially formulated soft soap sealer for plaster finishes.

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

	<b>COSHH Assessment Form</b>	<b>COSHH</b>	021
		<b>Issue</b>	1
		<b>Date</b>	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.)  
Ensure good ventilation.

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

 <input checked="" type="checkbox"/>	<b>Eye Protection?</b> (State Type Required) <i>Safety glasses.</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 checked="" type="checkbox"/>	<b>Mask/ Respirator?</b> (State Type Required) <i>In case of insufficient ventilation, wear suitable respiratory equipment</i>
 <input type="checkbox"/>	<b>Visor?</b> (State Type Required)	 <input type="checkbox"/>	<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 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.

	<b>COSHH Assessment Form</b>	<b>COSHH</b>	021
		<b>Issue</b>	1
		<b>Date</b>	26.10.2020


**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**