

### SUBSTANCE INFORMATION

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

Bondplast










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

Gypsum glue for bonding of Armourcoat Sculptural® panels to various substrates.

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


Work Place Exposure Limit? (State Opposite)	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Plaster of Paris - 10mg/m3 Total Inhalable 4 mg/m³ respirable Calcium Hydroxide - 5 mg/m³ Gypsum - 10mg/m3 Total Inhalable 4 mg/m³ respirable
---	---	---

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

	<b>COSHH Assessment Form</b>	<b>COSHH</b>	009
		<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 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 type="checkbox"/>
<b>Overalls/Clothing?</b> (State Type Required) <i>Wear suitable protective clothing.</i>	<b>Mask/ Respirator?</b> (State Type Required) In case of insufficient ventilation, wear suitable respiratory equipment
 <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) <i>Avoid release to the environment.</i>

**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. Avoid contact with skin and eyes.

**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. If eye irritation persists: Get medical advice/attention.

**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?

Recommended: Water spray. Dry powder. Foam.  
Toxic fumes may be released.

**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)?

Recommendation: 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>	009
		<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					
<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**