COSHH ASSESSMENT

Directorate:	**Department/Premises:**

SUBSTANCE INFORMATION

Substance/material:	**Trade name:**

What is the substance used for?

If a mixture what are the hazardous chemicals/ ingredients? (refer to Safety Data Sheet)

Does the substance have a Workplace Exposure Limit? If yes, state limit (Note – exposure to substances must be reduced as far as reasonably practicable and the limits must not be exceeded)	Yes ☐	No ☐

Is the substance (Read the label / refer to Safety Data Sheet)

☐ Toxic/Very Toxic?	☐ Flammable?	☐ Biological Hazard?	☐ Serious long term Health Hazard
☐ Corrosive?	☐ Harmful?	☐ Explosive?	
☐ Oxidising?	☐ Irritant?	☐ Sensitising?	☐ Less Serious Health Hazard
☐ Highly/Extremely Flammable?	☐ Risk of cancer / irreversible effects?	☐ Dangerous to the environment?	☐ Other (Specify)

Risk Phrases/Hazard Statements / Safety Phrases/Precautionary Statements: (refer to label / Safety Data Sheet)

Is the substance hazardous to health when:

☐ In contact with skin?	☐ Breathed in?	☐ Other (specify)
☐ In contact with eyes?	☐ Swallowed?	

Can a less hazardous substance be used to do the same job? (Hazardous substances should not be used when a safer alternative is available. If you don't know contact your supplier or other source of specialist advice)	Yes ☐	No ☐

USE OF SUBSTANCE

How should the substance be used? (e.g. diluted, applied with a brush, sprayed, etc)

How much is used each time?

Who is exposed to the substance/mixture? (e.g. users, other persons**)**

Groups or individuals at additional risk (e.g. young people, women of child bearing age, new or expectant mothers, immunosuppressed)

CONTROL MEASURES

What controls are required for this substance, other than Personal Protective Equipment (PPE)? (e.g. avoidance of spray/mist; use of pellets or gel instead of powders, mechanical ventilation)

Personal Protective Equipment (PPE) required when using the substance/mixture

	☐ Eye Protection (state type)		☐ Gloves (state type)
	☐ Overalls/clothing (state type)		☐ Mask/respirator (state type)
	☐ Other (state type)		

How should the substance be stored? (e.g. locked cupboard, segregated from incompatible substances)

Have persons using this substance been provided with information or training in its use? (as a minimum ensure a copy of this assessment is in a known and readily accessible location)	Yes ☐	No ☐

OTHER PRECAUTIONS AND EMERGENCY PROCEDURES	
Spillages: How should an accidental release/spillage of this substance be dealt with?	
First Aid: What actions should be taken if the substance is:	
a) Swallowed?	b) In contact with eyes?
c) In contact with skin?	d) Inhaled?
e) Other (specify):	
Fire Precautions: What actions should be taken in the event of fires involving this substance?	
Chemical reactions: Are there any other substances that this substance must not come into contact with?	
Are there any other relevant hazards and how will they be addressed? (e.g. flammable substances – exclude sources of ignition)	
Level of supervision required: (specify)	
Disposal: How should the substance be disposed of?	
Health surveillance: Do staff using the substance require any health surveillance?	
Manufacturer's Emergency Tel. No:	

ASSESSMENT OF RISK	
Are all the controls detailed above currently in place? If these controls are not implemented – or additional controls are required – state action to be taken. Hazardous substances must NOT be used unless adequate control measures are in place	Yes ☐ No ☐
Remedial actions required	**By When**
Are hazards to health adequately controlled with all control measures in place?	Yes ☐ No ☐

Assessor(s) name:	**Assessor(s) signature:**	**Date:**
The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and the control measures and actions required		
Line Manager's Name:	**Line Manager's signature:**	**Date:**
Date remedial Actions complete:	**Line Manager's signature:**	**Date:**

Date reviewed:	**Reviewed by:**