

## Application Form 12 – COSHH Risk Assessment

A copy of the material safety data sheet must be attached to this assessment.

### SUBSTANCE INFORMATION

Substance/material:

Trade name:

What is the substance used for?

(E.g. cleaning floors, protective coating, etc.)

What are the hazardous ingredients/chemicals in the substance? (List below)

Do any of the chemicals have a:

Workplace exposure limit?

Short-term exposure limit? (15mins)

Long-term exposure limit? (8 hr)

Is the substance: (Check for an orange 'CHIP' square on the product data sheet or packaging.)

- |   |                                     |                                      |  |
|---|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Extremely flammable? | <input type="checkbox"/> Oxidising? | <input type="checkbox"/> Very toxic? | <input type="checkbox"/> Sensitising?            |
| <input type="checkbox"/> Highly flammable?    | <input type="checkbox"/> Harmful?   | <input type="checkbox"/> Corrosive?  | <input type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable?           | <input type="checkbox"/> Toxic?     | <input type="checkbox"/> Irritant?   |  |

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?   |   |

### USE OF SUBSTANCE

How will the substance be used on site?

(E.g. diluted in water, applied with a brush, sprayed, etc.)

In what quantities will it be used?

(State quantity in litres or kilos as appropriate.)

Who is exposed to the substance?

(E.g. those using it, exhibitors, stand staff, members of public, contractors etc.)

Does the substance present additional risks to certain groups or individuals? (E.g. young people, expectant mothers.)

### CONTROL MEASURES

Can a less hazardous substance be used to do the same job? Yes  No

(If you don't know, please contact your supplier for further information.)

What controls are required for this substance, other than Personal Protective Equipment (PPE)? (E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.)

Is any Personal Protective Equipment (PPE) required when using the substance?



Eye protection? (State type required)



Gloves? (State type required)



Overalls/clothing? (State type required)



Mask/respirator? (State type required)



Other? (State type required)

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)

## Application Form 12 – COSHH Risk Assessment continued

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

### 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? (Please specify)	

**Fire precautions:** What actions should be taken in the event of fires involving this substance?

**Chemical reactions:** Is there any other substance that this substance must not come into contact with?

**Storage and Disposal:** How will the substance be stored on site, in what quantities and how will it be disposed of (or not disposed of)?

**Health surveillance:** Do staff using the substance require any health surveillance?

### 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 actions 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

Are hazards to health adequately controlled with all control measures in place? Yes  No

Assessor(s) Name:	Assessor(s) Signature:	Date:

Additional Comments:

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