

















	COSHH Risk Assessment No:						Date of Assessment							
							Assessor Name:							
Division/Department:				Location/Team:										
Name of substance, manufacturer and safety data sheet reference														
Describe the activity or process (Include how long and how often this is carried out and the quantity of substance used. A copy of a current safety data sheet (SDS) for the substance should be attached to this assessment and cross-referenced when completing it).														
Specify where the activity or process is being carried out														
Identify the persons at risk:			Employees (including trainees)	<input type="checkbox"/>	Service user/ patient	<input type="checkbox"/>	Contractors/ Public	<input type="checkbox"/>						
First Aid: Recommended Actions - SDS Section.														
														
Hazard(s)														
Physical Nature of Hazard - SDS														
Liquid		Dust		Solid		Fume		Mist		Vapour		Gas		Other (state)
Classification of Hazard – (please tick)														
Moderate hazard	Acutely toxic	Corrosive	Health hazard	Flammable	Oxidising	Explosive	Gas under pressure	Harmful to the aquatic environment						
														
Risk(s)														
Signal Word - SDS						Warning		Danger						
Route of Exposure														
Inhalation		Ingestion		Skin Contact		Contact with Eyes		Other (state)						
Risks to Health – Most Important Symptoms and Effects - Refer to safety data sheet (attached)														
Workplace Exposure Limits (WELs) please indicate n/a where not applicable														
Long-term exposure level (8hrTWA):				Short-term exposure level (15 minutes):										
Control Measures: (for example extraction, ventilation, training, supervision)														
Is health surveillance or monitoring required?														
If yes, how is this done, who carries out the surveillance, and the frequency								Yes	No					

Contact Occupational Health & Wellbeing for advice on health surveillance

Personal Protective Equipment (state type and standard)			
	Dust Mask		Visor
	Respirator		Goggles
	Gloves		Overalls
	Footwear		Other





Storage Arrangements

Disposal of residual waste and Containers

Hazardous Waste	Clinical waste	Return to Supplier	(If Other Please State):
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Fire fighting measures, accidental release measures, toxicological information and ecological information are provided in the safety data sheet (attached).

What actions should be taken in the event of fires involving this substance?

			
WATER	FOAM	POWDER	CARBON DIOXIDE

Is exposure adequately controlled?	Yes	No	(if NO what further actions are required?)
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Risk Rating After Implementation of Control Measures

Likelihood score	Likelihood				
	1	2	3	4	5
	Insignificant	Minor	Moderate	Major	Catastrophic
1 Rare	1	2	3	4	5
2 Unlikely	2	4	6	8	10
3 Possible	3	6	9	12	15
4 Likely	4	8	12	16	20
5 Almost certain	5	10	15	20	25

Assessed by:	Signature	Date:
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The line Manager should sign below that the assessment is correct and a reasonable reflection of the hazard and of the control measures and actions required.

COSHH substances must NOT be used if adequate control measures are not in place

Line Managers name:	Line Managers signature:	Date:
Reviewed by:	Line Managers Signature	Reviewed on (Date)