Simple COSHH Assessment Form

This can be used to document the hazards and controls for any hazardous substance used on our premises or provided by us for use during organised activities (e.g. exhibitions, work experience).

A copy of the current safety data sheet will be required to complete this form. These can be obtained from the supplier or manufacturer.

If assessing a reaction, compound or multiple substances, please also refer to the Science Risk Assessment template.

|  |  |  |  |
| --- | --- | --- | --- |
| **Completed by:**  |  | **Date:** |  |
| **Product Name:** | <Section 1 of MSDS> |
| **Manufacturer / Supplier:** | <Section 1 of MSDS> |
|  |
| **SUBSTANCE DETAILS** |
| **Location of use:** | <Enter name of area where product is to be used> |
| **Persons at risk:** |  Employees [ ]  |  Contractors [ ]  |  Visitors [ ]  |
| **Hazardous Substance(s) involved:**  | <Section 2 of MSDS> |
| **Classification** *(select all applicable categories)* |
| Pictogram of skull and cross bones, taken from the Globally Harmonized System of Classification and Labelling of Chemicals (GHS)  |[ ]  Very toxic |  |[ ]  Sensitising |  |[ ]  Gas under pressure |
|  |[ ]  Harmful |  |[ ]  Flammable |  |[ ]  Danger to the Environment |
|  |[ ]  Corrosive |  |[ ]  Explosive |  |[ ]  Oxidising |
| ***Hazard Phrases:****<ENTER; Hxx>**<ENTER; Hxx>* |
| **Physical form:** *(select applicable category)* |
| Gas | [ ]  | Vapour | [ ]  | Aerosol | [ ]  | Fume | [ ]  | Dust | [ ]  | Liquid | [ ]  | Solid | [ ]  |
| **Route of Exposure**: *(select all applicable categories)* |
| Inhalation  | [ ]  | Skin contact  | [ ]  | Eye contact  | [ ]  | Ingestion/swallowed | [ ]  |
| **What is the substance used for:** | *e.g. cleaning of surfaces, painting, adhesive* |
| **How is the substance used:** | *e.g. diluted in water; sprayed directly onto product; applied using a brush.* |
| **Frequency and duration of each use:** | *e.g. 5 minutes, once per day* | **Amount used at each application:** | *e.g. 5ml; 100g* |
| **Workplace Exposure Limits (WELs):** |
| Long-term exposure level (8hrTWA): * **xxxxx:** xxxxx mg/m3
* <Section 8 of MSDS>
 | Short-term exposure level (15 mins):* **xxxxx:** xxxxx mg/m3
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| **CONTROL MEASURES** |
| Could a less hazardous substance be used to do the same job? *(Contact supplier if unsure)* | Yes [ ]  No [ ]  |
| **What controls are required for this substance, other than Personal Protective Equipment (PPE)?**  |
| *(E.g. alternative form, use less, enclose the process, mechanical ventilation / extraction, restrict users, limit time)* |
| ***Precautionary Statements / Safety Phrases***:*<ENTER; Pxx>**<ENTER; Pxx>* |
| Is health surveillance or monitoring required? (*If yes, state type)* Yes [ ] No [ ]  |
| **Personal Protective Equipment** *(State type and standard required)* |
| Mandatory blue safety sign depicting a face wearing a dust maskDust mask |  | Mandatory blue safety sign depicting a persons head, wearing a visorVisor |  |
| Mandatory blue safety sign depicting a persons head, wearing a respiratorRespirator |  | Mandatory blue safety sign depicting a persons face, wearing safety gogglesGoggles |  |
| Mandatory blue safety sign depicting a pair of hands, wearing protective glovesGloves |  | Mandatory blue safety sign depicting a human body, wearing protective overallsOveralls |  |
| Mandatory blue safety sign depicting a pair of feet, wearing protectve footwearFootwear |  | Mandatory blue safety sign depicting an exclamation mark. Used to indicate that some other form of personal protection equipment is requiredOther |  |
| **OTHER ARRANGEMENTS** |
| **First Aid Measures** |
| **Eye contact** | *<Enter measures here>* |
| **Ingestion** | *<Enter measures here>* |
| **Inhalation** | *<Enter measures here>* |
| **Skin contact** | *<Enter measures here>* |
| **Storage** |
| *Enter requirements, including details of other substances that this substance must not come into contact with* |
| **Disposal of Substances & Contaminated Containers** *(select applicable category)* |
| Hazardous Waste [ ]  General Waste [ ]  Return to Supplier [ ]  Other [ ] (If Other Please State):  |
| **Emergency Considerations:** |
| **Fire**:  | *<Enter measures here>* |
| **Spillage**:  | *<Enter measures here>* |
| **RISK RATING FOLLOWING CONTROL MEASURES** |
|  High [ ]  Medium [ ] Low [ ]  Annual Review 3 year review 5 year review |