COSHH   
assessment

COSHH register assessment number:

**You should complete this assessment for all chemicals with a hazard warning sign. If possible, you should eliminate the chemical if you can substitute it with one that isn’t hazardous, removing the risk.**

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| Describe the activity or work process you use the chemical for (including how long and how often you carry it out and the quantity of the substance used): | | |
| Location of process being carried out |  | |
| People at risk | Employees  (including trainees) | Other (including  customers, contractors) |
| Name of the substance (product name) |  | |
| Manufacturer |  | |

**Classification of substance** – Place an X in the appropriate box(es).

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Very toxic/toxic |  |  | Harmful/  irritant |  |  | Extremely flammable |
|  |  | Long-term health hazard |  |  | Harmful/ sensitising |  |  | Highly flammable |
|  |  | Corrosive flammable |  |  | Compressed gas |  |  | Flammable |
|  |  | Dangerous for the environment |  |  | Oxidising |  |  | Explosive |

**Form** – Place an X in the appropriate box(es).

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| --- | --- | --- | --- |
| Gas/aerosol | Dust | Vapour | Liquid |
| Mist | Solid | Fume | Other |

**Route of exposure** – Place an X in the appropriate box(es).

|  |  |  |  |
| --- | --- | --- | --- |
| Inhalation | Skin | Eyes | Ingestion |

**Workplace exposure limits (WELs)**   
Does the substance have a WEL? If so, please state below. Please write ‘n/a’ if it doesn’t have a WEL. You can find WELs on the material safety data sheet (MSDS), which you can get from the manufacturer.

|  |  |
| --- | --- |
| Long-term exposure level (8hrTWA) | Short-term exposure level (15 mins) |

**Risks to health**   
Outlinethe health risks that may occur from exposure, eg skin damage, breathing difficulties, eye irritation, headache, nausea or liver damage.

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**Control measures**

Detail what current control measures exist to reduce the risk of exposure, for example engineering controls (containment, process modifcation to keep exposure to a minimum, extraction, ventilation), safe systems of work and procedural controls, training, supervision and personal protective equipment.

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| --- | --- | --- | --- |
| Dust mask |  | Visor |  |
| Respirator |  | Goggles |  |
| Gloves |  | Overalls |  |
| Footwear |  | Other |  |

**Personal protective equipment (PPE)**If PPE is used, please state type and standard.

**First aid measures** Outline the first aid arrangements in the event of exposure.

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**Accidental release/spillage**

Outline the actions to be taken if there’s an accidental release or spillage.

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**Fire**

Outline the actions to be taken if there’s a fire.

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| --- | --- | --- |
|  | Date of  assessment/review | Assessor/reviewer name  and job title |
| Initial assessment | /     / |  |
| Review 1 | /     / |  |
| Review 2 | /     / |  |
| Review 3 | /     / |  |
| Review 4 | /     / |  |

**Storage**

Outline the arrangements for storing the substance.

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**Assessment date and review**

Provide details of the assessment and each review undertaken.

**You should save a copy of this assessment along with an up-to-date material safety data sheet (MSDS). Review the assessment annually or when there’s a significant change to the product or the process in which you use it.**