

**STFC COSHH Assessment**

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| --- | --- | --- | --- | --- |
| Site | Department | Assessor | Date | Reference |
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| **1 Describe the activity or work process.** | Duration | Frequency |
|  |  |  |
| Location of the activity or work process. | Types of people at risk (tick ✓) |
|  | Local staff | Maint-enance | Cleaners | Visitors |

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| **2 Summary of Substances** Substance name | CAS number | Quantity used(stock and working volumes /amounts) | Hazard Symbols**7** **5** **2** **4****9** **6** **3** **1** |
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| **3 Substance involved** (repeat this whole section for each substance named in section 2) |
| **Substance name** | OEL (8 hour) | OEL (15 mins) | Physical state | Exposure route |
|  |  |  |  |  |
| Manufacturer / supplier | SDS ref no. | SDS date | Tel No. |  |
|  |  |  |  |  |
| List the hazards to health from exposure to the substance (H phrases from MSDS) |
|  |
| List the precautionary statements associated with the substance (P phrases from MSDS) |
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| Storage Requirements |
|  |
| Is it possible to eliminate the need to use this substance?  | Yes / No | Justification if “No”  |
| Is it possible to substitute this with a less harmful substance?  | Yes / No |
| First Aid Measures |
| Inhalation |  |
| Skin Contact |  |
| Eye Contact |  |
| Ingestion |  |
| Fire Fighting Measures |
|  |
| Action to take in case of minor spillage or release (include any additional PPE that might be required) |
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| Action to take in case of major spillage or release (include any additional PPE that might be required) |
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| Waste Disposal Arrangements (process waste, used containers, contaminated equipment & PPE) |
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| **4 Control Measures for the activity or work process** |
| Risk Level without controls |
| Route of entry | Inhalation | Skin / Eye | Ingestion | Injection |
| Risk Level |  |  |  |  |

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| Identify the control measures to be used  |
| General Ventilation | Local Exhaust Ventilation(Extract) | Local Exhaust Ventilation(Fume Cupboard) | Containment(eg. Glove Boxes) | Precautions for substances harmful via skin or eye contact | Personal protective equipmentPPE(specify below) | Specialist Control Approaches |
| Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No | Yes / No |
| Explain the control measures to be used |
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| **Personal Protective Equipment (**identify the type and specification of PPE**)** |
| Dust mask (face fit test req’d) | YesNo |  | Visor | YesNo |  |
| Respirator (face fit test req’d) | YesNo |  | Goggles  Glasses | YesNo |  |
| Gloves | YesNo  |  | Overalls | Yes No |  |
| Footwear | YesNo |  | Other | YesNo |  |

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| --- | --- |
| Have chemical incompatibilities been considered and addressed? (see COSHH guidance document) | Yes / No |
| Have by products / intermediates been considered? (see COSHH guidance document) | Yes / No |
| Is Workplace Exposure Monitoring required? (air / biological\*)\*refer to HSE publication EH40 | Yes / No | Details |
| Is Health Surveillance required?(remember health surveillance may be required for vulnerable persons eg pregnant/young workers those with asthma, dermatitis etc) | Yes / No |
| Is CMR and/or Sensitiser Recording required?CMRs: Carcinogen – H350, H351; Mutagen – H340, H341; Reproductive Toxin – H360, H361Sensitiser – H334, H317 | Yes / No |
| Information, instruction, training and supervision | Details: |
| Equipment testing and maintenance requirements | Details: |
| Additional actions | Details: |

**5 Declaration**

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| I can confirm that I have considered and understand the substances to be used and the associated hazards. I am satisfied that all of the hazards have been identified and that the control measures to be followed will reduce the risks to as low a level as reasonably practicable |
| **COSHH Assessor** |
| Date | print name | Signature |
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**6 Assessment Review Record**

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| Date Reviewed | Reviewed by | Details of any changes |
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**7 Assessment Communication Record**

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| Assessment read, risks and control measures understood. |
| Name (print) | Signature | Date |
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