

**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) | | | | | | | |
|  | | | | | | | |
| 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 equipment  PPE  (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) | Yes  No |  | Visor | YesNo |  |
| Respirator (face fit test req’d) | YesNo |  | Goggles  Glasses | Yes  No |  |
| Gloves | Yes  No |  | 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, H361  Sensitiser – 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 |
|  |  |  |

**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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