

COSHH ASSESSMENT

BASIC DETAILS		Location:
Department:		
Product Name:		
Supplier:		
Chemical name/strength		
Hazard data sheet received from supplier	Yes/No	
Exposure Limits	8 hour TWA	15 min (Short Term Exposure Limit)
Maximum Exposure Limit (MEL)		
Occupational Exposure Standard (OES)		

RISK CLASSIFICATION		Explosive		Harmful		Oxidising	
Extremely Flammable		Highly Flammable		Flammable		Very Toxic	
Toxic		Corrosive		Irritant		Radioactive	
		Toxic to reproduction		Respiratory Sensitising		Carcinogenic	
Other Risks: eg chemical reactivity						Skin	

WORK ACTIVITY										
Where stored:		Plant or equipment used (if any)				Quantity				
Proposed use:										
Duration/Frequency of exposure:										
Exposure risk:	Skin contact:		Absorption through skin		Ingestion					
Inhalation:	Injection:		Others (specify):							
Number of people at risk:	Directly:	Male		Female		Indirectly: (inc third parties)	Male		Female	
Employees										

DISPOSAL INSTRUCTIONS	Normal collection/disposal satisfactory		Yes/No
Classified as special waste	Yes/No	If yes, name the person responsible for compliance with legal requirements	
Special disposal requirements (specify)			
Names and addresses of licensed Waste Disposal Contractor			

ALTERNATIVES	Have safer/alternative substances been considered?	Yes/No
Details		

VENTILATION	Legal Requirements	Recommended	Details
Local exhaust ventilation/extraction			
Forced ventilation			
General ventilation			
Other (specify)			

MONITORING	Yes	No	Details & frequency
Routine health surveillance			
Personal sampling			
Biological monitoring			
Statutory examination of PPE			
Routine plant inspections			

PERSONAL PROTECTIVE CLOTHING				Skin Creams		Arm protection	
Overalls		Eye protection		Type:			
Aprons		Leg protection		Gloves		Type:	
Others (specify)		Respiratory Protection type		Face protection		Type:	

IDENTIFY SUSCEPTIBLE EMPLOYEES

PROVISION OF INFORMATION	Yes	No	Details
Signs and notices at the workplace			
Written information for all employees			
Written information for all employees at risk			
Training needs			

EMERGENCY PROCEDURES
Spillage:
Mixtures:
Fire:
First aid:
Other:

ADDITIONAL COMMENTS

Signed by Assessor	Position	Date
Approved by Manager	Position	Date