**COSHH Assessment Template**

# 1.0 PREVENTION OF EXPOSURE

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| **Can a less hazardous substance be used?** (If “Yes”, explain why it is not used) | **Y/N** |  |

# 2.0 SUBSTANCE INFORMATION

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Substance/material** | | | | | **Trade name** | | | |  |
|  | | | | |  | | | |  |
| **What is the substance used for?** (E.g. cleaning floors, protective coating, etc.) | | | | | | | | |  |
|  | | | | | | | | |  |
| **What are the hazardous ingredients/chemicals in the substance?** (List Below) | | | | | | | | |  |
|  | | | | | | | | |  |
| **Do any of the chemicals or hazards have workplace exposure limits set under EH40/2005 ?** | | | | | | | |  |  |
| **Long Term Exposure Limit(s**) | | |  | | **Short Term Exposure Limit (s)** | | |  |  |
| **Is the substance:** | **Y/N** |  | | **Y/N** |  | **Y/N** |  | | **Y/N** |
| **Extremely Flammable?** |  | **Oxidising?** | |  | **Very Toxic?** |  | **Sensitising** | |  |
| **Highly Flammable?** |  | **Harmful?** | |  | **Corrosive?** |  | **?** | |  |
| **Flammable?** |  | **Toxic?** | |  | **Irritant?** |  | **?** | |  |
| **Is the substance hazardous to health when:** | | | | | | | | |  |
| **In contact with the skin?** |  | **In contact with the eyes?** | |  | **Breathed in?** |  | **Swallowed?** | |  |

# 3.0 USE OF SUBSTANCE

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| **List all operations conducted, where persons may be exposed to substance?** (E.g. mixing, machinery maintenance, cleaning of equipment, transferring substance etc.) |
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| **Who is exposed to the substance?** (E.g. those using it, cleaning staff etc.) |
|  |
| **How should the substance be used?** (E.g. diluted in water, sprayed, applied by brush etc.) |
|  |
| **First Aid:** |
|  |
| **List any groups that the substance presents additional risks to:** (E.g. expectant mothers etc.) |
|  |
| **How should the substance be stored?** (E.g. locked cupboard, away from other substances etc.) |
|  |

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|  |
| --- |
| **How should the substance be disposed of?** |
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# 4.0 CONTROL MEASURES

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| **What controls are required for this substance, other than Personal Protective Equipment (PPE)?** (E.g. well-ventilated area, trained operators only etc.) | | |
|  | | |
| **List any documented work instructions/procedures to be followed when using the substance** | | |
|  | | |
| **If PPE is required, state exactly which type** (E.g. full face visor, latex gloves etc.) | | |
| **Eye protection** |  | |
| **Overalls/Clothing** |  | |
| **Gloves** |  | |
| **Mask/respirator** |  | |
| **Other** |  | |
| **List any other substances that this substance must not come in contact with** | | |
|  | | |
| **What quantity of the substance is required to be kept?** | |  |

# 5.0 MONITORING AND HEALTH SURVEILLANCE

|  |  |  |  |
| --- | --- | --- | --- |
| **Is workplace exposure monitoring required? (Tick** | **)** | **YES** | **NO** |
| (If required, give details) |  |  |  |
| **Is health surveillance required? (Tick** **)** |  | **YES** | **NO** |
| (If required, give details) |  |  |  |

# 6.0 ASSESSMENT OF RISK

|  |  |  |  |
| --- | --- | --- | --- |
| **With these controls applied, the risk to the health of employees and others is (Tick** **) :** | | | |
| **Unacceptable** | **Adequately Controlled** | **Further Controls**  **Required** | **More Information Required** |
| **Further Control Measures Required**(List further action needed to adequately control risk) | | | |
|  | | | |

|  |  |  |
| --- | --- | --- |
| **Assessor(s) name:** | **Assessor(s) signature:** | **Date:** |

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