

| COSHH Risk Assessment | | | | | |
|---|--------------------------------------|---|------------------------------------|---|------------------------------------|
| Part 1 | | | | | |
| To be completed by a competent nominated person | | | | | |
| Directorate: | | | | Date: | |
| Location/Premises: | | | | Assessor: | |
| 1. Name of task: | | | | COSHH RA No: | |
| 2. List substances and suppliers: (current safety data sheets (SDS) must be attached for each substance) | | | | | |
| | | | | | |
| 3. What consideration has been given for the substitution of the hazardous substances with non-hazardous or less hazardous ones? (Please indicate and / or explain what else has been done below) | | | | | |
| <input type="checkbox"/> Substance is Low Hazard | | <input type="checkbox"/> No Suitable Alternatives | | <input type="checkbox"/> Task Requires this (Type of) Substance | |
| | | | | | |
| 4. Quantity of substance(s) used in one working day? (approx.) | | | | | |
| | | | | | |
| 5. What is the maximum amount of the substance(s) that is/are being stored? | | | | | |
| | | | | | |
| 6. Exposure time to the substance(s) during the working day? (Please indicate below) | | | | | |
| <input type="checkbox"/> <1/2 hour | <input type="checkbox"/> 1/2–2 hours | <input type="checkbox"/> 2-4 hours | <input type="checkbox"/> 4-8 hours | <input type="checkbox"/> 8 -12 hours | <input type="checkbox"/> 12+ hours |
| 7. Where does the task take place? (Please indicate below) | | | | | |
| <input type="checkbox"/> Outside | | <input type="checkbox"/> Inside Well Ventilated | | <input type="checkbox"/> Inside Poorly Ventilated | |
| 8. Briefly describe how the substance(s) is/are used, considering the stages listed below: | | | | | |
| Purchasing / Delivering, handling & storing: | | | | | |

| | |
|--------------------------------|--|
| Diluting / Mixing / Decanting: | |
| Method of Application / Use: | |
| Disposal: | |









9. Who works with the substance(s) and how often? (Job titles e.g., cleaners, daily, weekly)

10. Who else may be exposed and / or who may be at increased risk? (e.g., visitors, pupils, vulnerable persons, asthmatics etc. Do not include names.)

11. Hazard Statements (H-Phrases, found in section 2 of the SDS)

12. Precautionary Statements (P-Phrases, found in section 2 of the SDS)









13. Classification: (symbols are listed in section 2 on the SDS, tick below if indicated in the SDS)

| | | | | | | | |
|---|---|---|---|---|---|---|---|
|  |  |  |  |  |  |  |  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

14. Do(es) the substance(s) have a Workplace Exposure Limit (WEL)? (Found in section 8 of the SDS, the value will be given in mg/m³)

Tick if Applicable and provide detail below: ☐

15. Personal protective Equipment (PPE) Required: (The particular type of PPE required must be written in the second box under the symbol)

| Symbol |  |  |  |  |  |  |  |  |
|-------------|---|---|---|---|--|---|---|---|
| Description | Eye protection | Hard Hat | Ear protection | Breathing protection | Protective Footwear | Gloves | Protective Clothing | Face protection |

| | | | | | | | | |
|----------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Type (& Standard) | | | | | | | | |

16. First Aid measures: (List only what your first aid precautions are)

17. Fire precautions: (List only what your fire precautions are)

18. Existing Control Measures: (List only your active control measures, for example documented safe systems of work, level of supervision, relevant training, method of storage, LEV, hygiene measures etc.)

19. Environmental Precautions: (list only what your environmental precautions are) (for example: air emissions / dust handling, noise prevention, bunding, drip trays, interceptors, spill kits, waste handling and safe method of disposal etc.)

You have now completed Part 1. Part 2 should be completed by the Manager / Headteacher only.

| COSHH Risk Assessment | | | | | | | | | | | | |
|--|--------------------------|--|--------------------------|--|--|--|--------------------------|--|--------------------------|--|----------------------------|--|
| Part 2 To be completed by the responsible Manager / Headteacher only | | | | | | | | | | | | |
| Risk Type (Tick if Applicable) | Risk of inhalation | | Risk of injection / cut | | Risk of eye / skin contact / absorption | | Risk of ingestion | | Risk of fire | | Risk to the environment | |
| | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | | <input type="checkbox"/> | |
| Who could be harmd and how? (Consider workers and others who could be affected, potentially in different ways) | | | | | | | | | | | | |
| Without any control measures in place, what is the level of risk? (Use the below risk matrix to identify the severity, likelihood and risk level) | S | | S | | S | | S | | S | | S | |
| | L | | L | | L | | L | | L | | L | |
| | RL | | RL | | RL | | RL | | RL | | RL | |
| With the control measures detailed in part 1 in place, what is the new level of risk? (Use the below risk matrix to identify the severity, likelihood and risk level) | S | | S | | S | | S | | S | | S | |
| | L | | L | | L | | L | | L | | L | |
| | RL | | RL | | RL | | RL | | RL | | RL | |

| Risk Matrix | | |
|---|---|--|
| Severity | 1= Negligible 2= Minor Injury / Illness 3= Serious Injury / Illness | 4= Severe Injury / Illness 5= Catastrophic, Death or Multiple Fatalities |
| Likelihood | 1= Remote 2= Unlikely 3= Likely | 4= Very Likely 5= A certainty |
| Risk Level | Risk Level = Severity x Likelihood (For example, Serious Injury / Illness x Likely = 3 x 3 = 9 – Medium Risk see below.) | |
| PROCEED | | RE-EVALUATE THE TASK |
| Risk Level: 1-5 Low (No additional control measures required, monitor tasks to ensure procedures are adhered to) | | Risk Level: 6-11 Medium (Re-evaluate the task and look to impose additional control measures. A different method of working / alternative substances or materials should be considered) |
| | | Risk Level: 12-25 High (Attempt to eliminate / substitute interaction with the hazards. Engineer or design out the hazards and look to use alternative methods of operating) |

| Additional Requirements | Y | N |
|--|--------------------------|--------------------------|
| Is workplace monitoring (biological, air) required? and if so, list the requirements below. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Is the exposure from personal monitoring below the WEL? | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |
| Is health surveillance (skin checks, lung function, grip test, audiometry testing) required? and if so, list the requirements below. | <input type="checkbox"/> | <input type="checkbox"/> |
| | | |

| Further Action & Sign off | | | |
|--|--|-------------|-------|
| Further Action to be taken to control the risk? (i.e., only record actions / additional controls measures you are researching or considering implementing) | | Assigned to | |
| | | | |
| | | | |
| | | | |
| | | | |
| Name & Signature of Assessor: | | | Date: |
| Name & Signature of Manager responsible for activity / process: | | | Date: |

| REVIEW LOG | |
|---|--|
| <p>The risk assessment must be reviewed annually, or at any time when there have been significant changes to the work process, chemical substances, persons involved, or if you have reason to believe the assessment is no longer valid.</p> | |
| <p>By signing this form, you are verifying that you have reviewed the risk assessment and there are no significant changes, or that any significant changes have been assessed and recorded above. You are also confirming that you have obtained the most up to date SDS for the substances used.</p> | |
| First Review Date: (12 months from assessment date) | |
| Signature of Manager responsible for the activity: | |
| Next Review Date: (12 months from first review) | |
| Signature of Manager responsible for the activity: | |

| | |
|---|--|
| Next Review Date: (24 months from first review) | |
| Signature of Manager responsible for the activity: | |
| Next Review Date: (36 months from first review) | |
| Signature of Manager responsible for the activity: | |
| Next Review Date: (48 months from first review) | |
| Signature of Manager responsible for the activity: | |

THIS RISK ASSESSMENT IS ONLY VALID FOR THE PARTICULAR SUBSTANCE(S) USES AND ACTIVITIES SPECIFIED ON PART 1

**COSHH Risk Assessment
sign off form for:**

This form can be used to record and demonstrate that the above risk assessment(s) has been provided to relevant employees (as below) to inform them of the risk assessment findings (i.e., the hazards, risks, and control measures associated with their work).

| Name of Persons involved in the Activity/ Process/ Operation | Signature | Date |
|--|-----------|------|
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Version: V1.0
Date Created: January 2024
Team: HR&OD Health and Safety
Protective Marking: Not Protectively Marked