

COSHH Risk Assessment

Part 1

To be completed by the responsible manager, Headteacher or competent nominated person

GROUP:		LOCATION/PREMISE:					
DATE:		ASSESSOR:					
1. Name of TASK:						COSHH RA no:	
2. List substance and supplier (current material safety data sheets (MSDS) must be attached)							
3. Quantity of substance used in one working day? (approx)							
4. Maximum of amount of substance stored?							
5. Exposure time to the substance 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"/> Over 8 hours	<input type="checkbox"/> All day		
6. 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	<input type="checkbox"/> Confined Space				
7. Briefly describe how the product is used, including diluting, mixing, hand applying, brushing, spraying etc.							
8. Who works with this product and how often? (job titles e.g. cleaners, daily, weekly):							
9. Classification (use symbols on MSDS). Symbols below represent new symbols as of 2015 (top line) and current symbols. Please note: The two lines of symbols correlate except for the second and fifth columns..							
 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>	 <input type="checkbox"/>
 <input type="checkbox"/> Very Toxic	 <input type="checkbox"/> Toxic	 <input type="checkbox"/> Corrosive	 <input type="checkbox"/> Harmful	 <input type="checkbox"/> Irritant	 <input type="checkbox"/> Highly Flammable	 <input type="checkbox"/> Dangerous for the Environment	 <input type="checkbox"/> Oxidiser

10. Hazards associated with the use of substance: (as detailed in section 2 & 11 of MSDS)

11. Does the substance have a Workplace Exposure Limit (WEL)?

If yes, please state values.

12. Physical state of substances.

- Vapour or Mist Dust Solid
 Fumes Liquid Other*
 Powder Gas *

13. Possible entry routes into the body

- Ingestion/Swallowing Eyes
 Inhalation/Breathing Skin Contact
 Absorption Injection / Cut

14. What consideration has been given for substitution of hazardous substances with less hazardous ones?

- Product is Low Hazard** **No Suitable Alternatives** **Task requires this (type of) product**

15. List type of people other than those in Part 7 who could be exposed and those who may be at special/increased risk e.g. visitors, the public, pregnant, asthmatic, vulnerable workers and vulnerable users of WCC services, dermatitis etc. (do not include names):

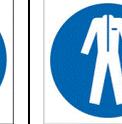
16. First aid Measures (as detailed in section 4 of MSDS)

17. Fire Precautions (as detailed in section 5 and 7 of MSDS)

18. Actions to be taken in the event of an emergency e.g. spillage (as detailed in section 6 of MSDS)

19. Existing Control Measures e.g. safe systems of work, supervision, training, storage, LEV details if appropriate

20. 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"/>					
Type								

21. Environmental Protective Equipment (EPE) e.g. air emissions/dust handling, noise prevention, bunds, drip trays, interceptors, spill kits, waste handling

You have now completed Part 1. Please forward Part 1 to the County COSHH Officer so that Part 2 can be completed.

Email Part 1 to COSHH@warwickshire.gov.uk

COSHH Risk Assessment

PART 2 – Risk Assessment

COSHH RA no:	High	Med	Low
Hazards inherent to the substance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Risk of exposure due to:	Risk Level Without Control measures		Risk Level With Control measures
The methods of use			
Ingestion/Swallowing			
Inhalation/Breathing			
Eyes			
Skin Contact			
Overall risk level without control measures/PPE in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall risk level with control measures /PPE in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If overall risk level is high after control measures have been put in place can a lower risk substance, process or activity be used? If No please state why			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the exposure to hazardous substances below the WEL?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is atmospheric sampling required and if so, at what frequency?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is health surveillance required and if so list requirements?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Further action/controls:			
Signature of Assessor (COSHH Officer):-		Date:	
Signature of Manager/Supervisor Who is responsible for the activity:-		Date:	

REVIEW LOG

By signing this form you are verifying that you have reviewed the risk assessment and there are no changes. If you need to make any changes you must complete a new COSHH risk assessment for this substance. You are also confirming that you have obtained the most up to date MSDS for this substance.

Initial Review Date:-

Signature of Manager/Supervisor

Date:

Who is responsible for the activity:-

By signing this form you are verifying that you have reviewed the risk assessment and there are no changes. If you need to make any changes you must complete a new COSHH risk assessment for this substance. You are also confirming that you have obtained the most up to date MSDS for this substance.

Next Review Date (12 months from initial review)-

Signature of Manager/Supervisor

Date:

Who is responsible for the activity:-

By signing this form you are verifying that you have reviewed the risk assessment and there are no changes. If you need to make any changes you must complete a new COSHH risk assessment for this substance. You are also confirming that you have obtained the most up to date MSDS for this substance.

Next Review Date (24 months from initial review)-

Signature of Manager/Supervisor

Date:

Who is responsible for the activity:-

By signing this form you are verifying that you have reviewed the risk assessment and there are no changes. If you need to make any changes you must complete a new COSHH risk assessment for this substance. You are also confirming that you have obtained the most up to date MSDS for this substance.

Next Review Date (36 months from initial review)-

Signature of Manager/Supervisor

Date:

Who is responsible for the activity:-

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