

# COSHH Risk Assessment

## Part 1

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

<b>DIRECTORATE:</b>	<b>LOCATION/PREMISE:</b>						
<b>DATE:</b>	<b>ASSESSOR:</b>						
1. Name of TASK:				COSHH RA no:			
2. List substances and suppliers (current material safety data sheets (SDS) must be attached for each)							
3. Quantity of substance(s) used in one working day? (approx.)							
4. Maximum of amount of substance(s) stored?							
5. 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		
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			
7. Briefly describe how the product(s) is/are used, including diluting, mixing, hand applying, brushing, spraying etc.							
8. Who works with the product(s) and how often? (job titles e.g. cleaners, daily, weekly):							
9. Who else may be exposed and / or who may be at increased risk e.g. visitors, vulnerable persons, asthma etc. Do not include names.							
10. Classification (use symbols on 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"/>

11. Hazards associated with the use of substance(s):

12. Do(es) the substance(s) have a Workplace Exposure Limit (WEL)?

13. Possible entry routes into the body in the workplace

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

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

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

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"/>					
Type								

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

17. 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 Email Part 1 to the County COSHH Officer [COSHH@warwickshire.gov.uk](mailto:COSHH@warwickshire.gov.uk) so that Part 2 can be completed.**

## COSHH Risk Assessment

### PART 2 – Risk Assessment

Hazard Level of the substance(s)  
(Low / Medium / High)

**MEDIUM**

COSHH RA no:

Risk Level (with existing Control Measures) due to:

The methods of use

Eyes

Ingestion/Swallowing

Skin Contact

Inhalation/Breathing

**Overall risk level**

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

Yes

No

Is the exposure to hazardous substances below the WEL?

Yes

No

Is atmospheric sampling required and if so, at what frequency?

Yes

No

Is health surveillance required and if so list requirements?

Yes

No

Further action/controls:

Signature of Assessor (COSHH Officer):-

Date:

Signature of Manager/Supervisor  
who is responsible for the activity:-

Date:

## REVIEW LOG

**The risk assessment must be reviewed annually, or at any time when there have been significant changes to the work process, chemical products, persons involved, or if you have reason to believe the assessment is no longer valid.**

**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 MSDS for the substances used.**

First Review Date:- (12 months from assessment date)

Signature of Manager/Supervisor  
who is responsible for the activity:-

Date:

Next Review Date (12 months from first review)-

Signature of Manager/Supervisor  
who is responsible for the activity:-

Date:

Next Review Date (24 months from first review)-

Signature of Manager/Supervisor  
who is responsible for the activity:-

Date:

Next Review Date (36 months from first review)-

Signature of Manager/Supervisor  
who is responsible for the activity:-

Date:

Next Review Date (48 months from first review)-

Signature of Manager/Supervisor  
who is responsible for the activity:-

Date:

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