**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

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| --- | --- | --- |
| **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.)  |
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| **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

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

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