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| **COSHH Assessment Form** |

**Section 1: Details of task**

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| **Title of task or project** |  |
| **Manager responsible for area/project** |  |
| **Department** |  |
| **Location of task**  |  |
| **Brief description of task being assessed**  |  |
| **Assessor name** |  |
| **Date of assessment** |  |

**Section 2: Hazardous substances**

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| **2.2. Hazard classifications – please tick** **all that apply to the work activity**  |
| **Black and white image of an exploding bomb on a white background with red diamond border***GHS 01 Explosive* | **Black and white image of a flame on a white background with red diamond border***GHS 02 Flammable\** | **Black and white image of a flame over a circle on a white background with red diamond border***GHS 03 Oxidising* | **Black and white image of a gas bottle on a white background with red diamond border** *GHS 04 Compressed gas* | **Black and white image on a white background with red diamond border. Image is two containers facing apart, the one on the left is pouring a substance on a surface and the one on the right onto a human hand***GHS 05 Corrosive* | **Black and white image of a skull and crossbones on a white background with red diamond border***GHS 06 Toxic* | **Black and white image of an exclamation mark on a white background with red diamond border***GHS 07 Harmful/Irritant* | **Black and white image on a white background with red diamond border. Image is of a person with a mark on their chest, symbolising a health hazard.** *GHS 08 Health hazard* | **Black and white image of an dead tree and fish, representing the environment, on a white background with red diamond border***GHS 09 Danger for the environment* |
| **Other (e.g. biological hazards or by-products) - please describe:**  |

**\*If flammable substances are handled, a separate DSEAR assessment may be required. Consult Workplace Health, Safety and Wellbeing (WHSW) for advice.**

Please list below the details of all substances covered by this assessment (including any substances/by-products formed). If there are many substances, the information can be attached to the assessment on a separate sheet. Chemicals with similar hazards can be grouped together (for example by their GHS code or hazard statements) as long as the resulting control measures are appropriate for all chemicals in the group.

**Ensure that up to date Safety Data Sheets are available for all chemicals and that all containers are clearly labelled with hazard information.**

| **Substance name** | **CAS Number** | **Physical state** (e.g. solid/liquid/gas) | **Quantity and concentration used** | **Description of usage and how exposure can occur** | **Frequency and duration of use** | **Workplace exposure limit (if applicable)** | **GHS classification(s)** | **Hazard statements** | **Max quantity stored** | **Storage requirements** | **Notes** |
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**Section 3: Who might be harmed**

Circle / highlight all that apply:

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| **Staff** | **Postgraduates** | **Undergraduates** | **People at particular risk (e.g. pregnancy)\*** | **Contractors /cleaner** | **Visitors/ members of the public** |
| *\* Please give details:* |

**Section 4: Control measures**

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|  | **Comments** |
| **Has elimination or substitution been considered?** |  |
| **Physical or engineering controls** (e.g. local exhaust ventilation). Include overview of maintenance and inspection regime. |  |
| **Administrative controls** (e.g. safe operating procedure, training and supervision, signage) |  |
| **Personal and respiratory protective equipment (PPE and RPE)** (e.g. lab coat, chemical protective gloves, light eye protection, face mask). |  |
| **Is exposure monitoring required?**  |  |
| **Is health surveillance required?**  |  |

**Section 5: Storage, transport and waste**

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|  | **Comments** |
| **Storage requirements** (check if any materials should be segregated) |  |
| **Waste disposal**  |  |
| **Transport**  |  |

**Section 6: Emergency arrangements**

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| **Do any substances require a special emergency procedure? If so, please state which one(s) and if necessary attach the procedure to this assessment.** |  |
| **Is there a spill kit available?** |  |
| **First aid arrangements.** |  |
| **Name, position and telephone number of the emergency contact person for the area** |  |

**Section 7: Action List**

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| **Action** | **Actionee** | **Due date** | **Date achieved** |
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**Section 8: Approval**

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| **I confirm that this is a suitable and sufficient risk assessment for the above described work activity** | **Name** | **Signature** | **Date** |
| **Line Manager**  |  |  |  |