










# COSHH Risk Assessment

Directorate / Department:	Premises / school:	Division / Section:
Product name:		Supplied by:
What are the hazardous substances in the product? List below.		Do any have a Workplace Exposure Limit? If yes, state below.

## 2.1. Hazard pictograms – select all that apply to the work activity.

								
Chronic Health Hazard	Toxic	Corrosive	Harmful Irritant	Flammable	Oxidizing	Explosive	Gas under pressure	Hazardous to the environment

## Is the substance hazardous to health when:

<input type="checkbox"/> In contact with skin?	<input type="checkbox"/> Breathed in?	<input type="checkbox"/> Other? Specify below.
<input type="checkbox"/> In contact with eyes?	<input type="checkbox"/> Swallowed?	

Can the existing process be eliminated, or the product replaced with a less hazardous alternative? No   
Yes

If yes, detail the actions to be taken or the name of the alternative product, and when the replacement will take place in the 'Remedial Actions' section. If no, provide any explanation in 'Remedial Actions'.

## Use of substance

**What is the substance used for?** For example, cleaning surfaces, protective coating.

**How much is used every week and in what form?**  
State in millilitres, litres, grams or kilograms; liquid, powder or granules.

**Who is exposed to the substance, and how many?**  
For example, those using it, pupils, service users.

**What is the level, type and duration of exposure?**  
For example, how long is the substance used for, users exposed to the substance in spray form rather than liquid.






**Does the product/substance present additional risks to certain groups?** For example, young people, expectant mothers.

## Control measures

**How should the substance be used?** For example, diluted in water, applied with a brush, sprayed.

**What controls are required, other than personal protective equipment?**  
 For example, only use in well-ventilated areas, not in spray/mist form, authorised persons only, only with local exhaust ventilation.

**Is any personal protective equipment, PPE, required when using the substance?**

	<input type="checkbox"/> Eye protection? State type.		<input type="checkbox"/> Gloves? State type.
	<input type="checkbox"/> Overalls/clothing? State type.		<input type="checkbox"/> Mask/respirator? State type.
	<input type="checkbox"/> Other? State type.		

<b>Is health surveillance required for those using the substance?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details.
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<b>Is exposure monitoring required?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, provide details.
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**Other precautions and emergency procedures**

**Please note.** Details of procedures for spillages, first aid, fire precautions, disposal should be detailed on the separate 'COSHH Risk Assessment User Information Sheet'.

**Overall assessment of risk**

<b>With the all the control measures in place, use and exposure to this product is considered to be:</b> If still 'high risk' even with controls in place, reconsider elimination or substitution.	<input type="checkbox"/> High risk <input type="checkbox"/> Medium risk <input type="checkbox"/> Low risk
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Remedial actions or additional control measures required	Date for completion
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<b>Assessor's name:</b>	<b>Assessor's signature:</b>	<b>Date:</b>
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Manager must sign below to accept the assessment and ensure that remedial actions are implemented.

<b>Manager's name:</b>	<b>Manager's signature:</b>	<b>Date:</b>
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Date for review	Date of review	Reviewed by - name	Remarks including results of exposure monitoring and/or health surveillance

**A copy of the safety data sheet for the product must be attached to this form**