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| --- | --- |
| RGU Logo | **COSHH ASSESSMENT** **Hazardous Substances** |
| **Date:** | **Ref:** |
| **School/Department:** | **Assessor:** |
| **Area/Location:** |
| **Project/Activity:** |
| **Hazardous Substance(s)/ component(s)** | **CAS No.** | **Trade Name (if applicable)** | **Supplier** | **Hazardous by (inc. severity)** | **Workplace Exposure Limit (see EH40)** |
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| **Who is likely to be exposed? (Roles & numbers):** |
| **Nature and extent of exposure (e.g. skin splashes; heavy inhalation), inc. monitored levels:** |
| **Casual exposure (e.g. maintenance/accidental – inc. frequency):** |
| **Current Control Measures:****NB. If exposure is not relevant to any of the stated hazards, and the risk of any such exposure is negligible, your COSHH Assessment and safe system of work are complete. If not, please continue with the rest of the form.** |

| RGU Logo | **COSHH ASSESSMENT****Hazardous Substances** |
| --- | --- |
| **Hierarchy** | **Tick all possible** | **(OR) State reason why not practicable** |
| **The following must be considered as preferred options** |
| **a) Elimination of process** |  |  |
| **b) Substitution of substance** |  |  |
| **c) Total enclosure of process** |  |  |
| **How can the plant, process and system of work be modified to limit generation?** |
| **d) Containment** |  |  |
| **e) Partial enclosure/ LEV (e.g. fume cupboard)** |  |  |
| **f) Local exhaust ventilation** |  |  |
| **Proposals to limit quantities of substance present:** |
| **Proposals to limit number of persons exposed:** |
| **Eating, drinking and smoking will be prohibited in the following areas:** |
| **Are washing facilities adequate and accessible?** |
| **Walls/surface cleaning frequency - Now: Proposed:** |
| **Warning signs will be displayed in the following areas:** |
| **The following classes of persons are at particular risk and will not be exposed:** |
| **Tick Box** | **Storage** | **Handling** | **Disposal** |
| **a) Containers closed?** |  |  |  |
| **b) Containers clearly labelled?** |  |  |  |

| RGU Logo | **COSHH ASSESSMENT****Hazardous Substances**  |
| --- | --- |
| **Is pre-employment screening appropriate?****Results/parameters:** |
| **Health Surveillance** | **Necessary?** | **Who?** | **Frequency?** |
| **a) Biological Monitoring.** |  |  |  |
| **b) Biological Effect Monitoring.** |  |  |  |
| **c) Medical Surveillance.** |  |  |  |
| **d) Occ. Health Nurse.** |  |  |  |
| **e) Visual Check by Supervisor.** |  |  |  |
| **f) Review of Records.** |  |  |  |
| **Occupational hygiene monitoring requirements:** |
| **Non-Routine Precautions****a) Maintenance:****b) Emergencies:****c) Spillage:****d) Disposal:****e) Lone working:** |
| **Instructions in the use of PPE:****Inspection and maintenance of PPE:****Storage of PPE:** |
| **Training Requirements:** |
| **Review Date (<= 1 year): \_\_\_\_\_(Assessor)** **\_\_\_\_\_(Manager)** |

***Please now summarise your findings into a safe system of work on the following page.***

| RGU Logo | **COSHH ASSESSMENT****SUMMARY** |
| --- | --- |
| **Date:** | **Ref:** |
| **Process/Activity:** | **Location:** |
| **Hazardous Substances:** |
| **Hazards and Risks:** |
| **Controls:** |
| **Precautions/Working Procedures:** |
| **Instructions for Maintenance, Emergency, Spillage and Disposal:** |
| **Report Any Defects To:** |
| **FOR DISPLAY/ REFERENCE AT WORK STATION** |

(Copies can also be used as for information, instruction and training of those affected.)

I have read and fully understood the above.

(Signed) (Operator)