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| **Control of Substances Hazardous to Health (COSHH) Assessment Form** |  |



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| Ref No: |  | Title: |  | Date: |  | ReviewDate: |  | School / Service: |  | Location: |  |

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| **SUBSTANCES** |
| **Substance(s)**  | **Quantity** | **Hazardous Properties** | **Location (Stored)** | **Chemical Reactions:****Please state any material or chemical these substances must not come into contact with** |
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| **HEALTH EFFECTS / PREVENTATIVE & CONTROL MEASURES** |
| **Hazard** | **Existing Controls** | **Additional Controls** | **Signature / Date** | **Health Effects*** Level of exposure
* Type of exposure
* Duration of exposure
* Amount of substance to be used
* Amount of disposal
* How will it be disposed of
 |
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e.g. Ventilation, suitable work equipment, personal protective equipment, respirator, etc

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| --- | --- | --- | --- | --- | --- |
| Does the user require health surveillance? | Yes | ❑ | No | ❑ |  |
| Has this health surveillance been organised through Occupational Health? | Yes | ❑ | No | ❑ |

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| **MONITORING OF EXPOSURE** |
| Air sampling in the breathing zone-is it required and if so has it been carried out? | Yes | ❑ | No | ❑ |  | Can a less dangerous / hazardous substance or process be used? | Yes | ❑ | No | ❑ |
| Potential for skin absorption-has skin been checked? | Yes | ❑ | No | ❑ |  | Do any substances have workplace exposure limits? | Yes | ❑ | No | ❑ |
| Is it a biological agent? | Yes | ❑ | No | ❑ |  | If so, please give details below: |
|  If yes, what is its classification? |  |  | **Substance** | **TWA (8 hrs)** | **STEL (15 mins**) |
| *Note: if this applies, make reference to CoSHH Reg 6 (69) and comply with requirements stated in the**Code of Practice* |  |  |  |  |
| If any substance(s) are extremely flammable, state lowest flash point |  |  |  |  |  |

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| **ADDITIONAL INFORMATION** |
| **Personal Protective Equipment** |
| **Type** | **Specification** | **Supplier** | **Notes** |
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| **First Aid Action** |
| **Contact Area** | **Action Required** |
| Swallowed |  |
| Contact with skin |  |
| Contact with eyes |  |
| Inhaled |  |
| **Spillage or Accidental Release** | **Fire Precautions** |
| **Specify how you would deal with a spillage or accidental release** | **Specify actions to be taken in the event of a fire involving these substances** |
|  |  |
| **SIGNATURE** |
| Assessment completed by (PRINT NAME) |  |
| Signature |  |
| Date |  |

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| **RE-ASSESSMENT** |
| Date for re-assessment |  |
| Review Date |  |
| Reviewed by (PRINT NAME) |  |
| Signature |  |

*Copies of form can be downloaded from* [*http://staff.napier.ac.uk/has*](http://staff.napier.ac.uk/has) *under “Forms and Checklists – COSHH”*

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