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| **COSHH Risk Assessment** |
| **Product Name:** |  | | |
| **School/Service:** |  | | |
| **Describe activity/work process:**  ***(incl. how long, how often this carried out and quantity substance used)*** |  | | |
| **Location of process being carried out:** |  | | |
| **Identify persons at risk:** | Staff ⬜ | Students ⬜ | Visitors/Contractors ⬜ |
| **Name of substance involved in the process and its manufacturer:  *(A copy of a current safety data sheet is attached to this assessment)*** |  | | |

Shape

Description automatically generated with medium confidence

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| **Classification *(state the category of danger)*** | | | | | |
|  | ⬜ Toxic |  | ⬜ Oxidising |  | ⬜ Gas Under Pressure |
|  | ⬜ Harmful/Irritant |  | ⬜ Flammable |  | ⬜ Longer Term Health Hazards |
|  | ⬜ Corrosive |  | ⬜ Explosives |  | ⬜ Dangerous for the environment |

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| **Hazard Type** |
| Gas ⬜ Vapour ⬜ Mist ⬜ Fume ⬜ Dust ⬜ Liquid ⬜ Solid ⬜  Other *(state)* ⬜ |

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| **Route of Exposure** |
| Inhalation ⬜ Skin ⬜ Eyes ⬜ Ingestion ⬜ Other *(state)* ⬜ |

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| **Personal Protective Equipment *(state type and standard)*** | | | | | |
|  | Dust Mask ⬜ |  |  | Visor ⬜ |  |
|  | Respirator ⬜ |  |  | Goggles ⬜ |  |
|  | Gloves ⬜ |  |  | Overalls ⬜ |  |
|  | Footwear ⬜ |  |  | Other ⬜ |  |

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| **First Aid Measures** |
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| **Workplace Exposure Limits (WELs)**  ***please indicate where not applicable*** |  |  |

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| **State the risks to health from identified hazards** |
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| **Control Measures** |
| Is health surveillance or monitoring required? Yes ⬜ No ⬜ |
| Storage: |
| Disposal of substances and contaminated containers:  Hazardous waste Skip ⬜ Return to Supplier ⬜ Other ⬜  If Other, please specify: |
| Is exposure adequately controlled? Yes ⬜ No ⬜ |

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| **Risk rating following control measures High ⬜ Medium ⬜ Low ⬜** |

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| **Assessed by:** |  |
| **Date:** |  |
| **Review Date:** |  |