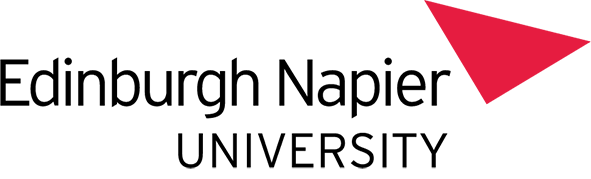
|  |  |
| --- | --- |
| **Control of Substances Hazardous to Health (COSHH) Assessment Form** |  |



|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Ref No: |  | Title: |  | Date: |  | Review  Date: |  | School / Service: |  | Location: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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 |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

e.g. Ventilation, suitable work equipment, personal protective equipment, respirator, etc

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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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 |  | | | |  |  |  | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **ADDITIONAL INFORMATION** | | | |
| **Personal Protective Equipment** | | | |
| **Type** | **Specification** | **Supplier** | **Notes** |
|  |  |  |  |
|  |  |  |  |
| **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 | |  | |

|  |  |
| --- | --- |
| **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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| --- |
| Health & Safety Team  Edinburgh Napier University  Email: [health&safetyoffice@napier.ac.uk](mailto:health&safetyoffice@napier.ac.uk) |