COSHH Risk Assessment No:

Company:	Task:
Describe the activity or work process. *(Include how long and how often this is carried out and the quantity of substance used)*	
Location of process being carried out?	

Identify the persons at risk:	Employees *(including trainees)*	☐	Contractors	☐	Public *(including visitors)* ☐
Name the substance involved in the process and its manufacturer. *(A copy of a current safety data sheet for this substance should be attached to this assessment)*					

Classification *(state the category of danger)*


☐ Acute toxicity Cat 1-3


☐ Serious health hazard


☐ Aquatic Environment


☐ Acute toxicity (cat 4)


☐ Flammable


☐ Explosive


☐ Corrosive


☐ Oxidising


☐ Gas under pressure

Hazard Type

☐ Gas ☐ Vapour ☐ Mist ☐ Fume ☐ Dust ☐ Liquid ☐ Solid ☐ Other (State) .....

Route of Exposure

☐ Inhalation ☐ Skin ☐ Eyes ☐ Ingestion ☐ Other (State) .....

Workplace Exposure Limits (WELs) *please indicate n/a where not applicable*

Long-term exposure level (8hrTWA):	Short-term exposure level (15 mins):

State the Risks to Health from Identified Hazards

Control Measures: *(for example extraction, ventilation, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers*

Is health surveillance or monitoring required?	Yes ☐	No ☐

Personal Protective Equipment *(state type and standard)*

 ☐ Dust mask		 ☐ Visor	
 ☐ Respirator		 ☐ Goggles	
 ☐ Gloves		 ☐ Overalls	
 ☐ Footwear		 ☐ Other	

First Aid Measures

Storage

Disposal of Substances & Contaminated Containers

Hazardous Waste ☐ Skip ☐ Return to Depot ☐ Return to Supplier ☐ Other ☐

(If Other Please State):

Is exposure adequately controlled?	Yes ☐	No ☐

What further action needs to be taken

Action	**By Who**	**By what date**

Assessed By:	Signed:	Date:
Reviewed and Approved By:	Signed:	Date: