



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 <input type="checkbox"/>	No <input type="checkbox"/>
Personal Protective Equipment <i>(state type and standard)</i>			
 Dust mask	<input type="checkbox"/>	 Visor	<input type="checkbox"/>
 Respirator	<input type="checkbox"/>	 Goggles	<input type="checkbox"/>
 Gloves	<input type="checkbox"/>	 Overalls	<input type="checkbox"/>
 Footwear	<input type="checkbox"/>	 Other	<input type="checkbox"/>
First Aid Measures			
Storage			
Disposal of Substances & Contaminated Containers			
Hazardous Waste <input type="checkbox"/> Skip <input type="checkbox"/> Return to Depot <input type="checkbox"/> Return to Supplier <input type="checkbox"/> Other <input type="checkbox"/>			
(If Other Please State):			

Is exposure adequately controlled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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What further action needs to be taken		
Action	By Who	By what date

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