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| PSSFRM06-1 COSHH ASSESSMENT | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessor Name** | | |  | | | | | | | **Assessment Date** | | | | | | | | | |  | | | |
| **Department** | | |  | | | | | | | **Production** | | | | | | | | | |  | | | |
| SUBSTANCE | | |  | | | | | | | | | | | | | | | | | | | | |
| **Manufacturers name and contact number** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Link to SDS** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Description of the activity or work process** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Location of substance use** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Quantity used** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Duration used** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Frequency of use**  **(no. of times in a day/week)** | | |  | | | | | | | | | | | | | | | | | | | | |
| **Persons at risk**  **(including others working in proximity)** | | |  | | | | | | | | | | | | | | | | | | | | |
| HAZARD CLASSIFICATION | | | | | | | | | | | | | | | | | | | | | | | |
| A sign with a black and white design  Description automatically generated Flammable liquid - Wikipedia Oxidizing agent - Wikipedia A red and white sign with a exclamation mark  Description automatically generated Hazard symbol - Wikipedia  A warning sign with a red border  Description automatically generated Environmental hazard - Wikipedia  GHS hazard pictograms - Wikipedia  Additional information: | | | | | | | | | | | | | | | | | | | | | | | |
| HAZARD TYPE | | | | | | | | | | | | | | | | | | | | | | | |
|  | Gas | |  | | | Vapour | | |  | | | | Mist | | | | | | |  | | Fume | |
|  | Dust | |  | | | Liquid | | |  | | | | Solid | | | | | | |  | | | |
| ROUTE OF EXPOSURE | | | | | | | | | | | | | | | | | | | | | | | |
|  | Inhalation | |  | | | Ingestion | | |  | | | | Injection | | | | | | |  | | Absorption | |
| WORKPLACE EXPOSURE LIMITS please indicate N/A where not applicable | | | | | | | | | | | | | | | | | | | | | | | |
| **LTEL (8hr TWA)** | | | | | | | | | | **STEL (15min TWA)** | | | | | | | | | | | | | |
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| RISKS TO HEALTH FROM IDENTIFIED HAZARDS | | | | | | | | | | | | | | | | | | | | | | | |
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| CONTROL MEASURES CURRENTLY IN USE | | | | | | | | | | | | | | | | | | | | | | | |
| Following the hierarchy of control; eliminate, substitute, engineering controls, administration, personal protective equipment: | | | | | | | | | | | | | | | | | | | | | | | |
| **Is health surveillance or monitoring required?** | | | | | | | | | | | | | | | Yes | | | | |  | No | |  |
| If yes provide details below. | | | | | | | | | | | | | | | | | | | | | | | |
| PERSONAL PROTECTIVE EQUIOMENT REQUIRED state type and standard required | | | | | | | | | | | | | | | | | | | | | | | |
| **Dust Mask** | | |  | | | | | | | **Visor** | | | | | | |  | | | | | | |
|  | | |  | | | | | | |
| **Respirator** | | |  | | | | | | | **Goggles/Glasses** | | | | | | |  | | | | | | |
|  | | |  | | | | | | |
| **Gloves** | | |  | | | | | | | **Overalls** | | | | | | |  | | | | | | |
|  | | |  | | | | | | |
| **Footwear** | | |  | | | | | | | **Other** | | | | | | |  | | | | | | |
|  | | |  | | | | | | |
| TRAINING REQUIREMENTS | | | | | | | | | | | | | | | | | | | | | | | |
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| FIRST AID MEASURES | | | | | | | | | | | | | | | | | | | | | | | |
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| STORAGE REQUIREMENTS (including access control) | | | | | | | | | | | | | | | | | | | | | | | |
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| FIREFIGHTING ARRANGEMENTS | | | | | | | | | | | | | | | | | | | | | | | |
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| SPILLAGE PROCEDURES | | | | | | | | | | | | | | | | | | | | | | | |
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| DISPOSAL PROCESS | | | | | | | | | | | | | | | | | | | | | | | |
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| RISK RATING | | | | | | | | | | | | | | | | | | | | | | | |
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| **Severity** | | | | | | |  | | | | **Likelihood** | | | | | | | | | | |  | |
| **Risk Rating** | | |  | | **Are risks adequately controlled?** | | | | | | | | | | | Yes | | | |  | | No |  |
| ADDITIONAL CONTROLS REQUIRED | | | | | | | | | | | | | | | | | | | | | | | |
| **Action** | | | | | | | **Person Responsible** | | | | | | | **Due Date** | | | | | **Completed?** | | | | |
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| RISK RATING AFTER THE IMPLEMENTATION OF ADDITIONAL CONTROLS | | | | | | | | | | | | | | | | | | | | | | | |
| **Severity** | |  | | **Likelihood** | | | |  | | | | **Risk Rating** | | | | | | | | | |  | |
| RISK ASSESSOR FINAL SIGN OFF | | | | | | | | | | | | | | | | | | | | | | | |
| **Signature** | | |  | | | | | | **Review Date** | | | | | | | | |  | | | | | |

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| CREW TRAINING RECORD  Trainer statement: I confirm that by signing this training record that I have provided both theory and practical training to the trainee, on how to use this substance safely for this work activity. By signing this document, I authorise the trainee to use this substance for this work activity.  Trainee statement: I confirm that by signing this training record that I have been adequately trained by my trainer to use this substance in accordance with the details contained within this assessment. I have received both practical and theory training on how to use this substance for this work activity safely. By signing this document, I certify that I feel confident and competent to use this chemical for this work activity. | | | | | | | |
| **Hazardous Substance** | |  | | | | | |
| **Production** | |  | | **Department** | |  | |
| **Trainee Name** | **Trainee Signature** | | **Trainer Name** | | **Trainee Signature** | | **Date** |
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