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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 - WikipediaA 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)** |
|  |  |
| RISKS TO HEALTH FROM IDENTIFIED HAZARDS |
|  |
| 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 |
|  |
| FIRST AID MEASURES |
|  |
| STORAGE REQUIREMENTS (including access control) |
|  |
| FIREFIGHTING ARRANGEMENTS |
|  |
| SPILLAGE PROCEDURES |
|  |
| DISPOSAL PROCESS |
|  |
| RISK RATING |
|  |
| **Severity** |  | **Likelihood** |  |
| **Risk Rating** |  | **Are risks adequately controlled?** | Yes |  | No |  |
| ADDITIONAL CONTROLS REQUIRED |
| **Action** | **Person Responsible** | **Due Date** | **Completed?** |
|  |  |  |  |
|  |  |  |  |
| 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 RECORDTrainer 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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