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| --- |
| **RA 016 COSHH RISK ASSESSMENT**  **(Name of Substance)**  **This form must be completed and signed by the responsible person**. |

**SECTION 1: PROJECT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title of the project or activity** |  | | |
| **Responsible person for completing COSHH assessment.** |  | | |
| **Place/Location of work** |  | | |
| **Description of work activity**  **(How is product to be used)** |  | | |
| **Date assessment completed** |  | **Review date** |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **ELIMINATION**  Is it possible to avoid the need to use the hazardous substance? | **No** |  | **Yes** |  |
| **SUBSITUTION**  Is it possible to use a less harmful substance to do the work? **See section 3)** | **No** |  | **Yes** |  |

**SECTION 2: EMERGENCY REFERENCE**

**The purpose of this section is to provide easy access to emergency information.**

**A full assessment of risk, will be provided in the next sections**

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact (1)** | **Name:** |  |  |
| **Position:** |  |  |
| **Telephone number:** |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Emergency contact (2)** | **Name:** |  |  |
| **Position:** |  |  |
| **Telephone number:** |  |  |

| **Emergency Procedures** | | |
| --- | --- | --- |
| **Name of hazard** | **Properties of hazard**  **Briefly describe how the chemical is hazardous e.g. toxic, flammable, carcinogen** | **Include, as appropriate, procedures for:** |
| * **Contained spill** * **Small uncontained spill,** * **Large uncontained spill** * **First aid** * **Fire** |
|  |  |  |
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**Additional rows, can be added to this table as required**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Hazard Classification** | | | | | | | | |
| **For a fuller understanding of symbols, abbreviations, risk and safety phrases click on this link** [**http://www.hse.gov.uk/coshh/detail/coshh-clp-reach.htm**](http://www.hse.gov.uk/coshh/detail/coshh-clp-reach.htm) | | | | | | | | |
| **2.1. Hazards– select all that apply to the work activity.** | | | | | | | | |
| toxic pictogram | toxic pictogram |  | Irritation pictogram |  |  | Respiratory pictogram |  | Oxidising pictogram |
| **Acute Toxicity** | **Very Toxic (fatal)** | **Corrosive** | **Harmful** | **Explosive** | **Serious eye irritation** | **Respiratory Sensitizer** | **Serious long-term health hazard** | **Oxidising** |
|  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- |
| **2.1. Hazards– select all that apply to the work activity.** | | | | | |
| Flammable pictogram | Flammable pictogram | Flammable pictogram | Harmful environment pictogram | Gas pressure pictogram |  |
| **Flammable** | **Highly Flammable** | **Extremely Flammable** | **Dangerous to the environment** | **Gasses under pressure** |
|  |  |  |  |  |

**SECTION 3: SUBSITUTION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Please tick below which form the substance takes** | | | | | | | |
|  |  |  |  |  |  |  |  |
| **Gas** | **Vapour** | **Mist** | **Fume** | **Dust** | **Liquid** | **Solid** | **Other**  **(Please state)** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Please tick below which route(s) of exposure the substance takes** | | | | |
|  |  |  |  |  |
| **Inhalation** | **Skin** | **Eyes** | **Ingestion** | **Other**  **(Please state)** |

|  |  |
| --- | --- |
| **Workplace Exposure Limits (WELs)** | |
| **Long Term Exposure Level (8hr TWA)** | **Short Term Exposure Level (15mins)** |
|  |  |

|  |
| --- |
| **List the risk to health below from exposure to the substance**  **(Click the link for risk phases)**  <http://www.hse.gov.uk/chip/phrases.htm> |
|  |
| **Control Measures: List below control measures eg extraction, ventilation, supervision, include additonal controls for vulnerable persons where necessary** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Health Surveillance**  **(Describe the findings of exposure monitoring or health surveillance)** | | | |
|  | **Yes** | **No** |  |
| **Is exposure monitoring required?** For example, if you suspect that exposure to a chemical exceeds the workplace exposure limit. |  |  |  |
| **Is health surveillance required?** |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
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| **SAFETY HELMET**  **MUST BE WORN** | **HIGH VISIBILITY VEST**  **MUST BE WORN** | | | | **SAFETY BOOTS**  **MUST BE WORN** | **SAFETY GLOVES**  **MUST BE WORN** | **EYE PROTECTION**  **MUST BE WORN** | **EAR PROTECTION**  **MUST BE WORN** | **SAFETY OVERALLS**  **MUST BE WORN** |
|  |  | | | |  |  |  |  |  |
|  |  | | | |  |  |  |  |  |
| **LABORATORY COATS**  **MUST BE WORN** | **WELDING MASK**  **MUST BE WORN** | | | | **VISORS**  **MUST BE WORN** | **HAIR NETS**  **MUST BE WORN** | **ESCAPE ROUTES**  **TO BE KEPT CLEAR** | **SAFETY HARNESSES**  **MUST BE WORN** | **NO MOBILE PHONES** |
|  |  | | | |  |  |  |  |  |
|  |  | | | |  |  |  |  |  |
| **REPIRATORS**  **MUST BE WORN** | **HAVE YOU BEEN**  **FACE FIT TESTED?** | | | | **PEDESTRIAN MUST**  **USE THIS ROUTE** | **INTRINSICALLY SAFE OVERALLS**  **TO BE WORN** | **INTRINSICALLY SAFE FOOTWEAR**  **MUST BE WORN** | **OPAQUE SAFETY GLASSES**  **MUST BE WORN** | **DRIVERS MUST REPORT TO SITE OFFICE** |
|  | **Yes** |  | **No** |  |  |  |  |  |  |

**SECTION 4: THE RISK ASSESSMENT**

| **Name of hazard**  include -Substances  By-products produced during, or because of the activity. | **Properties of hazard**  Provide details of how the substance could cause harm.  Useful sources of information are:  Safety data sheet for the substance  The [workplace exposure limit](http://www.hse.gov.uk/pubns/books/eh40.htm%20). | **Physical form**  Powder,  Dust,  Granular,  Pellet,  Liquid,  Solution,  Gas. | **Quantity and concentration** (give units) | **Frequency of use**  Daily  Weekly  Monthly  One-off. | **Route of exposure**  Ingestion, Inhalation, Skin/eye contact,  Skin absorption, Injection  Sharps injury. |
| --- | --- | --- | --- | --- | --- |
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**SECTION 5: CONTROLS**

**(Specify for each hazard identified in section 3)**

|  |  |
| --- | --- |
|  | |
| **1. Physical or Engineering Controls.** LEV, fume hood, glove box, total containment etc. **Specify at which point in the work activity they are to be used.** |  |
| **2. Administrative controls**  Training requirements, access control, signage. |  |
| **3. Personal Protective Equipment.** Respirators, safety specs, face mask, lab coat, gloves etc. **Specify which type and when they are to be worn.** |  |
| **4. Storage requirements**  Include a description of how hazardous substances including flammable materials will be stored. Describe how incompatible materials will be segregated. |  |
| **5. Transport of the hazardous substance**  Describe how you will transport substances between sites. |  |
| **6. Disposal procedures**  Carefully consider the safest means of disposal and identify when waste should be disposed of by a chemical waste contractor |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **7. Who might be at risk? (Tick all that apply)** | **Staff** | **New staff** | **Young persons** | **New or expectant mothers** | **Contractors** | **Public including visitors and children** |
|  |  |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **8. Assessment of inherent risk to human health prior to the use of controls Please use the risk assessment matrix at the end of this form)** | **High** | **Medium** | **Medium/low** | **Low** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **9. Assessment of inherent risk to human health after the use of controls Please use the risk assessment matrix at the end of this form)** | **High** | **Medium** | **Medium/low** | **Low** |
|  |  |  |  |

**SECTION 6: FIRST AID/FIRE**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **First Aid Measures**  **(Please list)** | | | | | | | | | |
|  | | | | | | | | | |
| **Fire**  **Please tick all that apply** | | | | | | | | | |
| **Dry Powder** |  | **CO2** |  | **Water** |  | **Foam** |  | **Fire Blanket** |  |

**SECTION 7: (DSEAR)**

|  |  |  |
| --- | --- | --- |
| **Dangerous Substances and Explosive Atmospheres (DSEAR)** | | |
|  | **Yes** | **No** |
| **Are you carrying out an activity/chemical reaction that is at risk of thermal runaway or explosion?** |  |  |
| **Will the activity involve handling or storage of pyrophoric or unstable substances such as peroxide?** |  |  |
| **Will flammable vapours, solid particles, fibrous particles etc. capable of forming an explosive atmosphere be present in the working atmosphere?** |  |  |
| **If the answer to any of the above questions is yes, you will need to complete a DSEAR risk assessment** | | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Existing control measures** | **Please record**  **Type** | **In place (Please tick)** | |
| **Yes** | **No** |
| 1. **Maximum container size is limited to** |  |  |  |
| 1. **PPE required** |  |  |  |
| 1. **Wear eye protection whilst handling the product?** |  |  |  |
| 1. **Keep container closed when not in use?** |  |  |  |
| 1. **Segregation from other substances such as:**   **(Consider while in use and storage)** |  |  |  |

**Section 8: APPROVAL**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm that this is a suitable and sufficient risk assessment for the above described work activity | **Name** | **Signature** | **Date** |
| **Assessor** This is the person who has completed this form |  |  |  |
| **Responsible person** |  |  |  |

**RISK ASSESSMENT MATRIX**

**Multiply scores to arrive at risk rating (RR)**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **Probability** | | | | | |
|  |  | **Remote** | **Unlikely** | **Possible** | **Probable** | **Very Likely** | **Certain** |
| **Outcome** | **No Injury** | **0** | **1** | **2** | **3** | **4** | **5** |
| **Minor Injury** | **1** | **1** | **2** | **3** | **4** | **5** |
| **First Aid Injury** | **2** | **2** | **4** | **6** | **8** | **10** |
| **Reportable Injury**  **(7 Day)** | **3** | **3** | **6** | **9** | **12** | **15** |
| **Major Injury** | **4** | **4** | **8** | **12** | **16** | **20** |
| **Fatality/Disability** | **5** | **5** | **10** | **15** | **20** | **25** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Low** | **1 – 6** | **Monitor** | **Tolerable risk. No additional controls required. Employees made aware of safe/correct system of work.** |
| **Med** | **8 – 12** | **Improvement** | **Action required to further reduce risk to acceptable level. Review of process or activity.** |
| **High** | **15+** | **Immediate Action** | **Unacceptable risk. Stop activity immediately. Inform next level of management & refer to Manager/Safety Coordinator. Possible withdrawal of process or activity.** |

**MONITORING AND REVIEW**

**The assessment should be reviewed immediately if:**

* **There is any reason to suppose that the original assessment is no longer valid, e.g. evidence from the results of examining and testing engineering controls, reports from supervisors about defects in control systems;**
* **Any of the circumstances of the work should change significantly and especially one which may have affected employee’s exposure to a hazardous substance**
* **If the results of monitoring or health surveillance indicate it to be necessary.**
* **After an accident/incident**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date Completed** | **Assessed by:** | **Job Title:** | **Signature:** | **Review Date:** |
|  |  |  |  |  |
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**FURTHER ACTIONS**

**(Please detail any actions for the risk assessment here)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Further action** | **Action by who?** | **Action by when?** | **Completed** |
|  |  |  |  |  |
|  |  |  |  |  |
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**All actions to be followed up, are marked in bold in the body of the risk assessment above.**