










COSHH RISK ASSESSMENT

Company Name:		Location/Area:					
Describe the activity or work process. <i>(Include how long and how often this is carried out and the quantity of substance used)</i>							
Location of process being carried out?							
Identify the persons at risk:	Employees <input type="checkbox"/> <i>(including trainees)</i>	Contractors <input type="checkbox"/>	Public <input type="checkbox"/> <i>(including students)</i>				
Name the substance involved in the process and its manufacturer. <i>(A copy of a current safety data sheet for this substance should be attached to this assessment)</i>							
Classification (state the category of danger)							
	<input type="checkbox"/> Acute toxicity Cat 1-3		<input type="checkbox"/> Serious health hazard		<input type="checkbox"/> Aquatic Environment		
	<input type="checkbox"/> Acute toxicity (cat 4)		<input type="checkbox"/> Flammable		<input type="checkbox"/> Explosive		
	<input type="checkbox"/> Corrosive		<input type="checkbox"/> Oxidising		<input type="checkbox"/> Gas under pressure		
Hazard Type							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other (State)
Route of Exposure							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>
Inhalation	Skin	Eyes	Ingestion	Other	(State)		(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)

 <input type="checkbox"/>		 <input type="checkbox"/>	
Dust mask		Visor	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Respirator		Goggles	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Gloves		Overalls	
 <input type="checkbox"/>		 <input type="checkbox"/>	
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:

	<ul style="list-style-type: none"> • Irritant • Dermal sensitizer, • Acute toxicity (harmful), • Narcotic effects, • Respiratory tract irritation.
	<ul style="list-style-type: none"> • Acute toxicity (severe)
	<ul style="list-style-type: none"> • Explosives, • Organic peroxides, • Self reactives.
	<ul style="list-style-type: none"> • Corrosives.
	<ul style="list-style-type: none"> • Gases under pressure.
	<ul style="list-style-type: none"> • Environmental toxicity.
	<ul style="list-style-type: none"> • Carcinogen, • Reproductive toxicity, • Mutagenicity, • Respiratory sensitizer, • Target organ toxicity, • Aspiration toxicity.
	<ul style="list-style-type: none"> • Flammables, • Pyrophorics, • Self-heating, • Emits flammable gas, • Organic peroxides, • Self reactives.
	<ul style="list-style-type: none"> • Oxidisers.