COSHH Risk Assessment No: XXXXX

Product Name: XXXXX

INSERT LOGO

Company name:	Dept. (if applicable):
Describe the activity or work process. *(Inc. how long/ how often this is carried out and quantity substance used)*	
Location of process being carried out?	

Identify the persons at risk:	Employees ☐	Sub-contractors ☐	Public ☐		
Name the substance involved in the process and its manufacturer. *(A copy of a current safety data sheet is attached to this assessment)*					

Classification *(state the category of danger)*

	☐ Toxic		☐ Oxidising		☐ Gas Under Pressure
	☐ Harmful/ Irritant		☐ Flammable		☐ Carcinogen
	☐ Corrosive		☐ Explosives		☐ Dangerous for the environment

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*

State the Risks to Health from Identified Hazards

Control Measures:			
Is health surveillance or monitoring required? Yes ☐ No ☐			
Personal Protective Equipment *(state type and standard)*			
 ☐ Dust mask		 ☐ Visor	Suitable for chemical splashes
 ☐ Respirator		 ☐ Goggles	
 ☐ Gloves		 ☐ Overalls	
 ☐ 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):			
Additional information			

Is exposure adequately controlled?	**Yes** ☐ No ☐
Risk Rating Following Control Measures	
High ☐ Medium ☐ **Low** ☐	

Assessed by: xxxx Date: xxxx Review Date: xxxx