

COSHH Assessment Form

This assessment **only addresses the risk of harm to health** from the substances listed. Additional risk assessments may be required to control the risk from other hazards associated with this work/the procedures used.

Assessor (print) ⁽¹⁾ Graham Barker	Employer/Supervisor ⁽²⁾ Mobitech Lift Trucks
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Assessment Date ⁽³⁾ 07/04/2020	Dates reviewed ⁽⁴⁾
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HAZARDS IDENTIFIED

*If the substance has a R45 or R49 risk phrase or a H350 or H350i hazard statement, it must also be registered on your personal carcinogen return (at Occupational Health) *where exposure is not adequately controlled.*

Substance ⁽⁵⁾	Hazardous Properties ⁽⁶⁾	Quantity ⁽⁷⁾
	<i>(Provide details of how the substance could cause harm, e.g. harmful by inhalation, skin contact, flammable, carcinogen, allergen, etc)</i>	<i>(Indicate how much of the substance will be used)</i>
EXHAUST ASSEMBLY PASTE	Causes skin irritation. Causes serious eye irritation. May cause respiratory irritation.	As Per service and maintenance requirements

Additional information ⁽⁸⁾

- **Workplace Exposure Limits:**
No data available
- **R-phrases:**
No data available
- **S-phrases:**
No data available
- **H and P statements:**
H315: Causes skin irritation.
H319: Causes serious eye irritation.
H335: May cause respiratory irritation.
P261: Avoid breathing vapours.
P264: Wash exposed skin thoroughly after handling.
P271: Use only outdoors or in a well-ventilated area.
P280: Wear protective gloves/protective clothing/eye protection/face protection.
P302+P352: IF ON SKIN: Wash with plenty of water.



P304+P340: IF INHALED: Remove person to fresh air and keep comfortable for breathing.
P305+P351+P338: IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.
P312: Call a POISON CENTRE or doctor if you feel unwell.
P332+P313: If skin irritation occurs: Get medical advice/attention.
P337+P313: If eye irritation persists: Get medical advice/attention.
P403+P233: Store in a well-ventilated place. Keep container tightly closed.
P501: Dispose of contents/container to Local, National and International regulations.

Emergency Procedures⁽⁹⁾

- **Eye contact:**
Bathe the eye with running water for 15 minutes. Consult a doctor.
- **Skin Contact:**
Remove all contaminated clothes and footwear immediately unless stuck to skin. Wash immediately with plenty of soap and water.
- **Inhalation:** Remove casualty from exposure ensuring one's own safety whilst doing so. Consult a doctor.
- **Ingestion:**
Wash out mouth with water. Give 1 cup of water to drink every 10 minutes. Consult a doctor.
- **Spill procedure:**

What will the chemical be used for?

Exhaust Repair Paste.

Who may be exposed? ⁽¹⁰⁾

Service Engineers / Stores Persons

METHODS OF PREVENTION OR CONTROL OF EXPOSURE

(select all that apply by circling/ticking/highlighting the appropriate statement)

1. Engineering controls required⁽¹¹⁾

- total containment
- fume cupboard
- local exhaust ventilation
- blast screen

2. Access control⁽¹²⁾

- Restricted to competent personnel
- Special containment facility (give specific area): workshop environment only.

3. Special procedures⁽¹³⁾

- Standard Operating Procedure (SOP) required
- Code of practice, local rules, etc

4. Approved PPE⁽¹⁴⁾ (Note: PPE is to be used as the 'last resort' when controlling exposure)

- gloves etc (specify type) latex
- eye protection (specify type) Type B safe Glasses
- laboratory coat/overalls (specify type) company supplied



Disposal Procedures⁽¹⁵⁾ (Give details of waste disposal procedure to be used)

Are chemicals with risk phrases R50-R59 or hazard statements H400 – H413 (environmental Hazards) involved?

Yes / **No**

DISPOSAL METHODS:

Transfer to a suitable container and arrange for collection by specialised disposal company.
Dispose of as normal industrial waste.

ENVIRONMENTAL PRECAUTIONS:

Do not discharge into drains or rivers.

TRAINING REQUIREMENTS⁽¹⁶⁾

(List any specialised training requirements before work can begin)

As per engineer training and directions on product

HANDLING AND STORAGE REQUIREMENTS⁽¹⁷⁾

(Note any special requirements e.g. ventilation, chemical incompatibility, flash point, etc)

USAGE PRECAUTIONS:

Avoid direct contact with the substance. Ensure there is sufficient ventilation of the area.
Do not handle in a confined space.

STORAGE PRECAUTIONS:

Store in a cool, well ventilated area. Keep container tightly closed.
Must only be kept in original packaging.

ASSESSMENT OF RISK USING CONTROLS DETAILED ABOVE⁽¹⁸⁾

(Are the hazards/risks suitably controlled, using the control measures detailed above? If not, state the further actions required, e.g. Requirement for a standard operating procedure (SOP), etc).

YES



Authorisation by Employer/Supervisor¹⁹

I confirm that I have considered and understand the chemical to be used and the associated hazards. I am satisfied that all of the hazards have been identified and that the control measures to be followed will reduce the risks to as low a level as reasonably practicable.

Sign: GRAHAM BARKER

Date:07.04.2020

Declaration by Employer/Supervisor⁽²⁰⁾

I confirm that I have read this COSHH Assessment and that I understand the hazards and risks involved and will follow all of the safety procedures stated.

Declaration by employee²⁰

I confirm that the employee who has signed below is competent to undertake the work. My counter-signature indicates that I am happy for the work to proceed.

Name (please print)	Signed	PI countersignature	date



Guidance notes for COSHH assessment form

This form must be completed for every hazardous chemical used within the company. The form must be signed by the employee and their employer/supervisor before the work starts.

- (1) **Assessor:** Insert the name of the person doing this assessment
- (2) **Employer/Supervisor** Insert the name of **the Employer/Supervisor**.
- (3) **Assessment Date:** Insert the date that the assessment form is completed. The assessment is valid for a maximum of 1 year. It must be reviewed after 1 year, or if a significant change occurs (change of lab, pregnancy, etc).
- (4) **Dates reviewed:** all COSHH assessments must be reviewed annually (as a minimum). The review date should be entered here, and signed by the assessor to confirm that the assessment is still valid.
- (5) **Substance:** insert name of the chemical to be used. NB. Biological hazards must not be assessed on this COSHH form.
- (6) **Hazardous properties:** insert details of all of the hazardous properties of the chemical – eg. Flammable, explosive, carcinogen, harmful by inhalation, etc).
- (7) **Quantity:** insert quantity to be used (mg, g, ml, etc)
- (8) **Additional information:** Include details of any additional information, including any workplace exposure limits. Detail fully all R/S phrases and H and P statements (it is not sufficient to simply stat R45, full details are needed).
- (9) **Emergency procedures:** provide full details of emergency procedures to be employed following contact with the chemical (skin contact, eye contact, inhalation and ingestion) – such as use of diphoterine, administration of emergency oxygen, etc. Also include details of emergency spill procedures.
- (10) **What will the chemical be used for? Who may be exposed? :** Insert title of experiment or experimental procedure that the chemical is to be used in, and detail who may be exposed (individual worker? People in close proximity? Cleaners? Engineers?).

Methods of prevention or control of exposure

Sections 11-14 detail the methods for preventing or controlling exposure to the chemical. The COSHH hierarchy of control measures should be used when determining the methods to be used to prevent/control exposure, with engineering and group control measures being employed in preference to individual measures (such as individual PPE).



- (11) **Engineering controls** required: identify the control measures necessary to prevent/control exposure, such as use of a fume cupboard, LEV or blast screen, by circling/ticking/highlighting the appropriate statement(s).
- (12) **Access control:** In order to prevent/control exposure, is it necessary to restrict access to competent personnel? Are special containment facilities required? Please circle/tick/highlight the appropriate statement(s).
- (13) **Special procedures:** please identify any special procedures necessary to prevent/control exposure. This might include the need for an SOP to be developed, or for local rules to be drawn up. Please circle/tick/highlight the appropriate statement(s).
- (14) **Approved PPE:** PPE is to be used as the 'last resort' when preventing/ controlling exposure. Please detail the PPE to be used when handling the chemical. Please circle/tick/highlight the appropriate statement(s) and include details of the type of gloves, etc to be used.
- (15) **Disposal procedures:** Identify whether the chemical is an environmental hazard; Detail fully how the chemical waste is to be disposed of (down sink, by specialist contractor, etc)
- (16) **Training requirements:** detail any specialised training requirements that must be met before the work can begin – eg. Attendance on a gas safety course, etc).
- (17) **Handling and storage requirements:** Note any special requirements e.g. ventilation, chemical incompatibility, flash point, etc.
- (18) **Assessment of risk using controls detailed above:** Are the hazards/risks suitably controlled, using the control measures detailed above? Provide details; If not controlled, state the further actions required, eg. Requirement for a standard operating procedure (SOP), etc.
- (19) **Authorisation by Employer/Supervisor:** the employer/supervisor must sign and date the assessment, to confirm that they have considered and understand the chemical to be used and the associated hazards, and that they are satisfied that all of the hazards have been identified and that the control measures to be followed will reduce the risks to as low a level as reasonably practicable.
- (20) **Declaration by employee:** the employee must sign and date the assessment to confirm that they have read the COSHH Assessment, understand the hazards and risks involved and will follow all of the safety procedures stated.
- (21) **Declaration by Employer/Supervisor:** the employer/supervisor must sign and date the assessment, to confirm that the researcher is competent to undertake the work.