COSHH Assessment Form

**ID:**  *Local Reference*

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| **Name of Assessor(s):**  **Posts Held:** |  | **Date of Original Assessment:** | *Select date* |
| **Manager Responsible:** |  | | |
| **Department:** |  | | |
| **Hazardous Substance** – include form e.g. solid, gas, liquid etc, amount used (Ensure that the SDS is updated to the CLP Regulation). | | | |
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| **Tasks which use the substance and who will be exposed**: | | | |
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| **Hazard Information** (Harmful properties, exposure limits etc) from Safety Data Sheet include route of entry, hazard type e.g. sensitiser etc and how long exposure is likely to be for | | | |
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| **Can this substance be Eliminated or Substituted?** If not, please explain why: | | | |
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| **Existing Precautions** | | | |
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| **Storage** | | | |
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| **Disposal** | | | |
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| **Is there a requirement for Health Surveillance?** Yes/no and what type e.g. skin health etc | | | |
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| **Maintenance of equipment** - including LEV test, maintenance and inspections | | | |
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| **Is there a need for Personal Protective Equipment?** YES/NO and what type | | | |
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| **First Aid Measures** | | | |
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| **Emergency Plans** - including spills procedures | | | |
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| **Other Additional Measures** | | | |
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| **Level of Risk** | | | |
| Select the level which indicates the current risk level: | | | |
| **Green** | **Yellow** | **Orange** | **Red** |
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| **Action Plan** | | | |
| **What further action is necessary?** | **Action By Whom** | **Action by when**  **(dd/mm/yy)** | **Action completed.**  **(dd/mm/yy)** |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
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| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |

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| **Review Table** | | | |
| **Date**  **(dd/mm/yy)** | **Reviewer** | **Reasons for review** | **Approved/Not Approved by**  **(dd/mm/yy)** |
| *Date* | *Name* | *Detail* | *Name & Date* |
| *Date* | *Name* | *Detail* | *Name & Date* |
| *Date* | *Name* | *Detail* | *Name & Date* |
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