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 |
|  |
| **Can this substance be Eliminated or Substituted?** If not, please explain why: |
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| **Existing Precautions** |
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| **Storage** |
|  |
| **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* |
| *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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