**COSHH Index:** Inventory of Substances Hazardous to Health

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| **Team/Department:** |  | **Location:** |  |
| **Completed by:** |  | **Date:** |  |

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| **Product Name** | **Type of substance** | | | **SDS Classification** | | **COSHH Assessment**  **Completed** | |
| **Medicine** | **Chemical Product** | **Biological Agent\*** | **Non-Hazardous** | **Hazardous** | **Date** | **Local Reference** |
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**\***This includes bodily fluids

**Register of Local Exhaust Ventilation (LEV) Equipment Form**

If LEV is not present in your ward/department this form should not be completed.

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| **Team/Department:** |  | **Location:** |  |
| **Completed by:** |  | **Date:** |  |

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| **LEV Reference** | **Location** | **14-month Examination** | | |
| **Last Done** | **Next Due** | **Comments** |
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