


## COSHH Assessment Form

|  |   |                                     |                    |
|--|---|-------------------------------------|--------------------|
| <b>Name of Assessor(s):</b><br><b>Posts Held:</b>  |   | <b>Date of Original Assessment:</b> | <i>Select date</i> |
| <b>Manager Responsible:</b>  |   |                                     |                    |
| <b>Department:</b>   | <i>This is a model COSHH assessment which should be reviewed and adapted to the area where the product is being used.</i> |                                     |                    |
| <b>Hazardous Substance</b> – include form e.g. solid, gas, liquid etc, amount used (Ensure that the SDS is updated to the CLP Regulation).   |   |                                     |                    |
| HOSPEC Detergent Sanitizer   |   |                                     |                    |
| <b>Tasks which use the substance and who will be exposed:</b>  |   |                                     |                    |
| NHS Lothian Domestic for cleaning.<br><br>General cleaning purpose, dish washing by hand, carpet cleaning and surface cleaning.  |   |                                     |                    |
| <b>Hazard Information</b> (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                 |   |                                     |                    |
| <b>Hazard statements:</b><br><br>H319 Causes serious eye irritation<br>H411 Toxic to aquatic life with long lasting effects<br>EUH301 Contact with acids liberates toxic gas                                 |   |                                     |                    |
| <b>Pictograms:</b><br><br>  |   |                                     |                    |
| <b>Routes of entry:</b><br><br>For the tasks described previously the main routes of entry are exposure by skin contact and to eyes. Other more unlikely routes are exposure by breathing and by swallowing. |   |                                     |                    |
| <b>Can this substance be Eliminated or Substituted?</b> If not, please explain why:  |   |                                     |                    |
| No – this is a necessary product for general cleaning with a suitable replacement not available at this time.  |   |                                     |                    |
| <b>Existing Precautions</b>  |   |                                     |                    |

Information:

- No eating or drinking whilst using the product
- Avoid contact with acids as liberates toxic gas
- Read label before use

Instruction:

- Wash hands thoroughly after handling
- Avoid release to the environment
- Wear protective gloves (nitrile) and eye protection

Training:

- Staff who are using this product are trained in its use

PPE provided

*Add additional existing precautions in your department*

**Storage**

Store in cool and dry conditions.

**Disposal**

Dispose of contents/container in accordance with local waste management procedures

**Is there a requirement for Health Surveillance? Yes/no and what type e.g. skin health etc**

Yes – skin.

NHS Lothian recognises that that where staff is identified with COSHH exposures likely to be a skin irritant they are included within the Skin Health Surveillance programme. Annual checks are carried out by the local 'Responsible Person' on this basis, throughout the organisation.

**Maintenance of equipment - including LEV test, maintenance and inspections**

N/A

**Is there a need for Personal Protective Equipment? YES/NO and what type**

Yes

Protective gloves (nitrile) and apron.

**First Aid Measures**

**Ingestion**

Obtain medical attention showing the label.

**Skin contact**

Wash the skin with water and watch out for any remaining product between skin and clothing, watches, shoes, etc.

**Eye contact**

Wash thoroughly with soft, clean water for 15 minutes holding the eyelids open. If there is any redness, pain or visual impairment, consult an ophthalmologist.

*Reference should be made to NHS Lothian First Aid Policy to ensure your department has the correct first aid requirements in place.*

**Emergency Plans** - including spills procedures

N/A – retrieve the product by mechanical means (sweeping/vacuuming) taking care to minimise the dust generation

**Other Additional Measures****Fire fighting –**

This product is non flammable. Extinguish with water spray, dry powder or carbon dioxide

**Level of Risk**

Select the level which indicates the current risk level:

| Green                    | Yellow                   | Orange                   | Red                      |
|--------------------------|--------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Action Plan**

| What further action is necessary?   | Action By Whom | Action by when (dd/mm/yy) | Action completed. (dd/mm/yy) |
|---|----------------|---------------------------|------------------------------|
| Check NHS Lothian First Aid Policy and local procedures to ensure department has the correct first aid requirements in place. | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| Monitor safe use of product   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| <i>Detail</i>   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| <i>Detail</i>   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| <i>Detail</i>   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| <i>Detail</i>   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| <i>Detail</i>   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |
| <i>Detail</i>   | <i>Name</i>    | <i>Date</i>               | <i>Date</i>                  |

**Review Table**

| <b>Date<br/>(dd/mm/yy)</b> | <b>Reviewer</b> | <b>Reasons for review</b> | <b>Approved/Not<br/>Approved by<br/>(dd/mm/yy)</b> |
|----------------------------|-----------------|---------------------------|--|
| <i>Date</i>                | <i>Name</i>     | <i>Detail</i>             | <i>Name &amp; Date</i>                             |
| <i>Date</i>                | <i>Name</i>     | <i>Detail</i>             | <i>Name &amp; Date</i>                             |
| <i>Date</i>                | <i>Name</i>     | <i>Detail</i>             | <i>Name &amp; Date</i>                             |
|                            |                 |                           |  |
|                            |                 |                           |  |
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|                            |                 |                           |  |
|                            |                 |                           |  |