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:** | *This is a model COSHH assessment which should be reviewed and adapted to the area where the product is being used.* | | |
| **Hazardous Substance** – include form e.g. solid, gas, liquid etc, amount used (Ensure that the SDS is updated to the CLP Regulation). | | | |
| HOSPEC Detergent Sanitizer | | | |
| **Tasks which use the substance and who will be exposed**: | | | |
| NHS Lothian Domestic for cleaning.  General cleaning purpose, dish washing by hand, carpet cleaning and surface cleaning. | | | |
| **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 | | | |
| **Hazard statements:**  H319 Causes serious eye irritation  H411 Toxic to aquatic life with long lasting effects  EUH301 Contact with acids liberates toxic gas  **Pictograms:**  **http://www.hse.gov.uk/chemical-classification/images/pictogram-gallery/irritant.gifEnvironmentally damaging**  **Routes of entry:**  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. | | | |
| **Can this substance be Eliminated or Substituted?** If not, please explain why: | | | |
| No – this is a necessary product for general cleaning with a suitable replacement not available at this time. | | | |
| **Existing Precautions** | | | |
| 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 | | | |

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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)** |
| Check NHS Lothian First Aid Policy and local procedures to ensure department has the correct first aid requirements in place. | *Name* | *Date* | *Date* |
| Monitor safe use of product | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *Detail* | *Name* | *Date* | *Date* |
| *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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