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 irritationH411 Toxic to aquatic life with long lasting effectsEUH301 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 |
| YesProtective 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* |
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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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