COSHH Assessment



Section	HEALTH AND SAFETY			
Status	Proforma			
Reference	KSC 10			
Revision	1	Date:	Jan 07	
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SUBSTANCE :						
SUPPLIER / PHONE DESCRIPTION / USE				744		
CLASSIFICATION (DELETE AS APPROPRIA	TE) HARMFUL IRRITANT	CORROSIVE HIGH	LY TOXIC	EXPLOSIVE		
		FLAMMA	BLE			
INITIAL HEALTH RIS	LOW	MEDIUM	HIGH			
ROUTE OF EXPOSU INHALE	JRE: SKIN NOSE EYES	SWALL CUTS	OWIN(
CONTROL MEASUR	ES					
LOCATION OF USE						
VENTILATION REQUIRED YES / NO						
IF YES, GIVE DETAI	LS					
PPE REQUIREMENTS: EYES HANDS FACE BODY						
TYPE OF PPE PROVIDED:						
IS TRAINING REQUIRED IN PPE YES / NO (IF YES CONSULT SAFETY MANAGER)						
REDUCED HEALTH	RISKS;	MEDIUM	HIGI			
FURTHER MEASURES REQUIRED YES / NO						
DETAILS:						
FIRST AID;						
SKIN :						
EYES :						
INGESTION :						
INHALATION : FIRE PRECAUTIONS						
EXTINGUISHING ME	-DIA ·					
HAZARDOUS DECOMPOSITION :						
PERSONAL PROTECT ENVIRONMENTAL F						
WASTE DISPOSAL SPILLAGE						
STORAGE	· :					
TRANSPORT	:	,				
DATE :	ASSESSED BY :	SIGNE) :			