

Generated COSHH Assessment Report

Smart Summary

Task: Pipetting microlitre volumes (<1mL) with P260 - D.

Chemical: P260 - D

Interpreted Hazard Class(es): Carcinogen, Reproductive Toxin

Key Controls Required: Specialist Control Approaches, Eye Protection, Specific Gloves, Specific RPE

Required Control Approach / Residual Risk Level: Control Approach S (implies risk managed if controls implemented)



COSHH Assessment

Carried Out By (Step 1): YTY	Department:	Ref:
Reviewed By (Steps 2 & 3):	Signature:	Date: 2025-10-07

Step 1 The Process, Product(s) & Hazards

Activity/Work Process, Product(s), Location: Pipetting microlitre volumes (<1mL) with P260 - D.		
Who is exposed: <input checked="" type="checkbox"/> Employees <input type="checkbox"/> Contractors <input type="checkbox"/> Others		
Material Type: Liquid - Volatile		
Hazards (New Symbols): None selected		
H-Statements (from MSDS): H351, H360, H373		
WEL Assigned?	STEL: ppm / mg/m ³	TWA: ppm / mg/m ³
MSDS Attached? <input type="checkbox"/> No	Quantity/Duration/Frequency Summary: Qty: mL; Freq: Weekly (1-4 times/week); Dur: 15 - 60 minutes	

Step 2 The Risk Assessment Evaluation

Factor	A	B	C	D	E	S (Specialist)
Hazard Group	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Quantity / Volume Group	Small <input checked="" type="checkbox"/>		Medium <input type="checkbox"/>		Large <input type="checkbox"/>	
Physical Characteristics Group	Low <input type="checkbox"/>		Medium <input type="checkbox"/>		High <input checked="" type="checkbox"/>	
Control Group Determined	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	S <input checked="" type="checkbox"/>	

Step 3 The Suitable Controls

Approval for use confirmed by:	Date: 2025-10-07
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General control measures (HSE Control Guidance Sheet No: N/A): <input type="checkbox"/> General Ventilation <input type="checkbox"/> LEV <input type="checkbox"/> Containment <input checked="" type="checkbox"/> Specialist <input type="checkbox"/> Additional
Personal Protective Equipment (HSE Control Guidance Sheet No: N/A): <input type="checkbox"/> Clothing <input type="checkbox"/> Gloves/Footwear <input checked="" type="checkbox"/> Eye Protection <input type="checkbox"/> Respiratory <input type="checkbox"/> Other
Specify type (PPE): Specialist advice required (e.g., for carcinogens, mutagens, respiratory sensitisers). High level controls & PPE expected. MSDS Specific P-phrases suggest:

MSDS P280: Wear protective gloves/clothing/eye/face protection.
(RPE likely not required based on hazard/exposure assessment; confirm if high aerosol/dust generation.)

Specific First Aid requirements?	First aid measures Description of first aid measures Skin contact Wash off immediately with plenty of water for at least 15 minutes. Remove and wash contaminated clothing and gloves, including the inside, before re-use. Immediate medical attention is required. Eye contact Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Immediate medical attention is required. Ingestion Never give anything by mouth to an unconscious person. Do not induce vomiting without medical advice. If swallowed, rinse mouth with water (only if the person is conscious). Risk of serious damage to the lungs (by aspiration). Get medical attention if symptoms occur. Inhalation Remove to fresh air. If not breathing, give artificial respiration. If symptoms persist, call a doctor. Notes to Physician Treat symptomatically. Most important symptoms and effects, both acute and delayed H360 - May damage fertility or the unborn child if swallowed H351 - Suspected of causing cancer if swallowed H373 - May cause damage to organs through prolonged or repeated exposure Indication of any immediate medical attention and special treatment needed IF exposed or concerned: Get medical advice/attention. Get medical advice/attention if you feel unwell.
Particular fire extinguisher requirements?	No special fire extinguisher required beyond standard lab provision, unless other flammable materials are present.
Accidental Release / Spillage requirements e.g. spill kit	Accidental release measures Personal precautions, protective equipment and emergency procedures Avoid exposure to vapour Avoid breathing vapours or mists Ensure adequate ventilation Avoid contact with skin, eyes or clothing Use personal protection equipment See section 8 for more information Environmental precautions No special environmental precautions required. Methods and material for containment and cleaning up Soak up with inert absorbent material (e.g. sand, silica gel, acid binder, universal binder, sawdust). Sweep up and shovel into suitable containers for disposal. Clean contaminated surface thoroughly. Reference to other sections See section 8 for more information.
Handling and storage requirements? Note any incompatibilities.	Handling and storage Precautions for safe handling Always wear recommended Personal Protective Equipment. Wash hands before breaks and immediately after handling the product. Do not get in eyes, on skin, or on clothing. Avoid breathing vapours or mists. If during normal use the material presents a respiratory hazard, use adequate ventilation and/or wear appropriate respirator. See
Disposal precautions? Note any incompatibilities.	Disposal considerations Waste treatment methods The generation of waste should be avoided or minimized wherever possible. Empty containers or liners may retain some product residues. This material and its container must be disposed of in according to approved disposal technique. Disposal of this... (see full section)
Particular Instruction and training needed on use?	
Any specific symptoms to be aware of and to report?	
Health Surveillance requirements?	
Workplace and Personal Monitoring requirements?	
Emergency Plans required or not?	

Step 4 Further Actions or Additional Measures Required

Actions / Measures Required	Who	When	Check

Step 5 Acknowledgement and Review

I declare that I have read, understood and been instructed in the measures to be applied and agree to abide by the findings.

Name: YTY Signature: Date: 2025-10-07

Next Review Date: 2026-10-07

This assessment was generated using the CABI COSHH Helper. **Final checks must be made by the Lab Manager and COSHH Assessor.**

AI assistance (e.g., Gemini model family, May 2024) was used in the development of this tool's prototype.

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This CABI COSHH Helper application was prototyped with assistance from AI (e.g., Gemini model family, version as of May 2024) to help automate and streamline parts of the COSHH assessment process.

Disclaimer: This tool is intended as an aid and does not replace the need for expert judgment. All generated assessments and suggestions **must be thoroughly reviewed, verified, and approved by the responsible Lab Manager, COSHH Assessor, and/or other qualified safety personnel** before any work commences. Users are responsible for ensuring compliance with all relevant safety regulations and local procedures.