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| **University of Plymouth** | | | | | | | | **Control of Substances Hazardous to Health (COSHH) Assessment Form** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Assessor: enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | Assessment Number: enter text. | | | | | | | | | | | | | | | | | | | |
| Faculty and School: enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | Location: enter text. | | | | | | | | | | | | | | | | | | | |
| **1. DESCRIBE THE EXPERIMENTAL PROCEDURE OR WORK ACTIVITY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **2. IDENTIFICATION OF THE SUBSTANCE (see Safety Data Sheet (SDS) Section 1.1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Substance | | | | | | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CAS Number | | | | | | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supplier and Product Number | | | | | | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. HAZARD INFORMATION (see SDS Section 2.2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Explosive | Flammable | | | | Oxidising | | | | Gas Under  Pressure | | | | | | | | Corrosive | | | | | | | Acute Toxicity | | | | | Health Hazard | | | | | | Serious Health Hazard | | | | Hazardous to the Environment | | | | | | Biosafety  Hazard |
| GHS01 | GHS02 | | | | GHS03 | | | | GHS04 | | | | | | | | GHS05 | | | | | | | GHS06 | | | | | GHS07 | | | | | | GHS08 | | | | GHS09 | | | | | |  |
| Hazard (H) Statements | | | | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazard Group (see Table 1 at the back of the form) | | | | | | | | | A | | | | | | | | | B | | | | | | | | | C | | | | | D | | | | | | E | | | | | | S | |
| Can the substance be eliminated or a less hazardous alternative be used? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | |
| If no, please explain why | | | | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Workplace Exposure Limit (WEL) | | | | | | | | | LTEL (8 hrs TWA): enter text. | | | | | | | | | | | | | | | | | | | | | | | STEL (15 mins TWA): enter text. | | | | | | | | | | | | | |
| **4. EXPOSURE INFORMATION (see SDS Section 9.1 for physical state)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Who may be exposed | | | | | | | | | Cleaners / Contractors | | | | | | | | | | | | | Staff /  Students | | | | | | | | | | Visitors | | | | | | | | | Vulnerable Workers | | | | |
| Physical State | | | | | | | | | Solid | | | | | | | | | | | | | Liquid | | | | | | | | | | Gas | | | | | | | | |
| Other, please state: enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Exposure Time Per Day | | | | | | | | | 15 minutes | | | | | | | | | | | | | 1 – 4 hours | | | | | | | | | | 4– 8 hours | | | | | | | | | > 8 hours | | | | |
| Route of Exposure | | | | | | | | | Inhalation | | | | | | | | | | | | | Absorption  (Skin / Eyes) | | | | | | | | | | Injection | | | | | | | | | Ingestion | | | | |
| Exposure Quantity  1. Small (g or ml)  2. Medium (kg or l)  3. Large (t or m3) | | | | | | | | | Inhalation potential  1. Low (pellet does not break up) or BPt > 150°C  2. Medium (granular/crystalline) or BPt between 50–150°C  3. High (fine solid/light powder) or BPt < 50°C | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **5. COLLECTIVE CONTROL APPROACHES OF PREVENTION OR EXPOSURE (see SDS Section 8.2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Control Approach (CA) 1 | | | | | | | | | General Ventilation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CA2: Engineering controls | | | | | | | | | Appropriate Safety Cabinet | | | | | | | | | | | | | | | | | | | | | | | Local Exhaust Ventilation | | | | | | | | | | | | | |
| Ducted Fume Cupboard | | | | | | | | | | | | | | | | | | | | | | | Ventilated Workbench | | | | | | | | | | | | | |
| CA3: Containment controls | | | | | | | | | Glove Box | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Containment facility, please state: enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CA4: Special controls or procedures | | | | | | | | | Standard Operating Procedure | | | | | | | | | | | | | | | | | | | | | | | Local rules to be used | | | | | | | | | | | | | |
| Is Exposure Measurement Required? | | | | | | | | | | | | | | Yes | | | | | No | | | | | | If yes, please detail: enter text. | | | | | | | | | | | | | | | | | | | | |
| Is Health Surveillance Required? | | | | | | | | | | | | | | Yes | | | | | No | | | | | | If yes, please detail: enter text. | | | | | | | | | | | | | | | | | | | | |
| **6. INDIVIDUAL CONTROL APPROACHES FOR PERSONAL PROTECTIVE EQUIPMENT (see SDS Section 8.2)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Ear protection must be worn.png  Hearing Protectors ENxxx | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Eye protection must be worn.png  Eye  Protection ENxxx | | | | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Safety gloves must be worn.png  Protective  Glove  ENxxx | | | | | | | | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Face protection must be worn.png  Face  Mask  ENxxx | | | | | | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Safety boots must be worn.png  Safety  Footwear  ENxxx | | | | | | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Safety helmet must be worn.png  Safety  Helmet  ENxxx | | | | | | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Safety overalls must be worn.png  Protective Clothing  ENxxx | | | | | | C:\Users\ayoung3\Documents\H&S\PPE mandatory signs\Respiratory equipment must be worn.png  Respirator  ENxxx | | |
|  | |  | | | | |  | | | | | | | | |  | | | | | | |  | | | | | | |  | | | | | | |  | | | | | |  | | |
| **7. EMERGENCY PROCEDURES (see SDS Sections 2.2, 4.1 and 6)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Eye Contact | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Skin Contact | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Inhalation | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Ingestion | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Accidental Spillage | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **8. HANDLING AND STORAGE REQUIREMENTS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Handling | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Storage | | | | | | enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **9. FIRE FIGHTING MEASURES/EXTINGUISHING MEDIA (see SDS Section 5.1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Water | | | Powder | | | | | | | Foam | | | | | | | | | | | Carbon Dioxide | | | | | | | | | | Wet Chemical | | | | | | | | | Not Flammable | | | | | |
| Unsuitable Extinguishers: enter text. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **10. DISPOSAL PROCEDURES (see SDS Sections 2.2 and 13.1)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hazardous Waste | | | | Run to Drain | | | | | | | | | | | Back to Supplier | | | | | | | | | | | | | Other, please state: enter text. | | | | | | | | | | | | | | | | | |
| **11. ASSESSMENT OF RESIDUAL RISK** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Is lone working prohibited for use of this substance and procedure or activity? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| Are the identified exposure prevention and control measures adequate to reduce risks to as low as reasonably practicable? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | Yes | | | | | | No | | | |
| **12. USER DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that I understand the hazards and risks involved and will follow all of the safety procedures stated | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: enter text. | | | | | | | | | | | | | Signed: | | | | |  | | | | | | | | | | | | | | | Date: enter a date. | | | | | | | | | | | | |
| **13. SUPERVISOR DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I confirm that the user is competent to undertake the work and has received appropriate information, instruction and training to do so | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: enter text. | | | | | | | | | | | | | Signed: | | | | | |  | | | | | | | | | | | | | | Date: enter a date. | | | | | | | | | | | | |
| **14. SAFETY MANAGER OR NOMINATED PERSON DECLARATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: enter text. | | | | | | | | | | | | | Signed: | | | | | |  | | | | | | | | | | | | | | Date: enter a date. | | | | | | | | | | | | |
| **15. REVIEW DATES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Print Name: enter text. | | | | | | | | | | | | Signed: | | | | | | | |  | | | | | | | | | | | | | | Date: enter a date. | | | | | | | | | | | |
| Print Name: enter text. | | | | | | | | | | | | Signed: | | | | | | | |  | | | | | | | | | | | | | | Date: enter a date. | | | | | | | | | | | |
| Print Name: enter text. | | | | | | | | | | | | Signed: | | | | | | | |  | | | | | | | | | | | | | | Date: enter a date. | | | | | | | | | | | |

**Table 1: Hazard groups and statements for COSHH Assessment**

|  |
| --- |
| **HAZARD GROUP: A (low) and HAZARD STATEMENT (H-STATEMENT)** |
| H303 May be harmful if swallowed |
| H304 May be fatal if swallowed and enters airways |
| H305 May be harmful if swallowed and enters airways |
| H313 May be harmful in contact with skin |
| H315 Causes skin irritation |
| H316 Causes mild skin irritation |
| H319 Causes serious eye irritation |
| H320 Causes eye irritation |
| H333 May be harmful if inhaled |
| H336 May cause dizziness or drowsiness |
| **HAZARD GROUP: B (low) and H-STATEMENT** |
| H302 Harmful if swallowed |
| H312 Harmful if in contact with skin |
| H332 Harmful if inhaled |
| H371 May cause damage to organs |
| **HAZARD GROUP: C (medium) and H-STATEMENT** |
| H301 Toxic if swallowed |
| H311 Toxic in contact with skin |
| H314 Causes severe burns and eye damage |
| H317 May cause an allergic skin reaction |
| H318 Causes serious eye damage |
| H331 Toxic if inhaled |
| H335 May cause respiratory irritation |
| H370 Causes damage to organs |
| H373 May cause damage to organs through prolonged or repeated exposure |
| **HAZARD GROUP: D (high) and H-STATEMENT** |
| H300 Fatal if swallowed |
| H310 Fatal in contact with skin |
| H330 Fatal if inhaled |
| H351 Suspected of causing cancer |
| H360 May damage fertility or unborn child |
| H361 Suspected of damaging fertility or unborn child |
| H362 May cause harm to breast-fed children |
| H372 Causes damage to organs through prolonged or repeated exposure |
| **HAZARD GROUP: E (high) and H-STATEMENT** |
| H334 May cause allergy or asthma symptoms or breathing difficulties if inhaled |
| H340 May cause genetic defects |
| H341 Suspected of causing genetic defects |
| H350 May cause cancer |