




























<b>COSHH Assessment</b>		<b>COSHH Ref No:</b>	<b>Overall Risk:</b> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
<b>Date:</b>		<b>Assessor(s):</b>	
<b>Department:</b>			
<b>Description of Activity – Task name &amp; explain what you are doing?</b>  XXXXXX			
<b>Where will this activity take place?</b>	<b>What frequency will this activity take place?</b>	<b>Approx how long is the duration of exposure?</b>	
<b>Who may be harmed? see below:</b>			
Employees <input type="checkbox"/> Students <input type="checkbox"/> Contractors <input type="checkbox"/> Cleaners <input type="checkbox"/>	Disabled persons <input type="checkbox"/> Young Persons <input type="checkbox"/> Visitors <input type="checkbox"/> Others <input type="checkbox"/>	New & Expectant Mothers <input type="checkbox"/>	<b>Approx total number who may be exposed:</b>
<b>Name of substance(s) used</b>  Xxxx		<b>Form – please select</b>  solid, liquid, gas, mist, vapour  <b>Additional info: e.g. colour, odour</b>	
<b>Quantity Used:</b>		<b>Quantity Stored:</b>	
<b>Hazard Group Symbols:</b>			
			
			
			
<b>Routes of Entry:</b>			
<input type="checkbox"/> Inhalation <input type="checkbox"/> Ingestion <input type="checkbox"/> Skin Absorption <input type="checkbox"/> Eyes <input type="checkbox"/> Stabbing/ Puncture			
<b>Eyes</b>		<b>Skin</b>	
<b>Ingestion</b>		<b>Inhalation</b>	
<b>Personal Protective Equipment – required for this activity.</b>			
<input type="checkbox"/> Safety Glasses/ Goggles <input type="checkbox"/> Lab/Dust Coat <input type="checkbox"/> Gloves (type?) <input type="checkbox"/> Mask/ Respirator (type?) <input type="checkbox"/> Safety Footwear <input type="checkbox"/> Safety Visor			
			
			

<b>Fire – what to do?</b>  <b>What extinguisher is safe to use?</b>		<b>Spillage/ Safe Disposal</b>	
<b>Risk Phrases:</b>		<b>Safety Phrases:</b>	
<b>Exposure Limits: Long Term - 8 hour</b>		<b>Exposure Limits: Short Term – 15 minute</b>	
<b>Is air sampling/ monitoring required?</b>		<b>No – proceed</b> <b>Yes – contact the H&amp;S Dept.</b>	
<b>Health Surveillance:</b> <b>Could exposure to these substances, without using appropriate control measures, result in adverse effects? If so, please select: from the following ;</b>			
Sensitisation <input type="checkbox"/> Allergic Reaction <input type="checkbox"/> Respiratory difficulties, e.g. asthma <input type="checkbox"/>	Harmful to the reproductive process <input type="checkbox"/> Cancer <input type="checkbox"/> Death <input type="checkbox"/>		
<b>Control measures: to be considered before issuing PPE</b>			
<b>Storage:</b> Store in original containers, clearly marked Store in a dry place in a designated area  <b>Keep away from:</b> Heat Food & drink		<b>Specific Storage Location:</b> Designated secure chemical cabinet <input type="checkbox"/> Designated secure chemical store <input type="checkbox"/> Solvent Store – Room <input type="checkbox"/> Freezer - Room <input type="checkbox"/> Toxic Cupboard - Room <input type="checkbox"/> Cool Cupboard- Room <input type="checkbox"/> Acid Store - Room <input type="checkbox"/>	
<b>Ventilation</b> Natural <input type="checkbox"/> Local Exhaust Ventilation <input type="checkbox"/> Fume Hood / Enclosure <input type="checkbox"/>		<b>Training:</b> Training has been given? Yes /No The users know where to get info? Y/ N The users have seen the risk assessment? Y / N	
<b>Supervision:</b> The level of supervision is appropriate for the task and group Lone working is not permitted without a safe system of work being implemented.		<b>Segregation :</b> All persons not involved in the process are kept away Safety barriers/ screens	
<b>Conclusion: Recommendations:</b> Can the substances be eliminated or substituted for something less harmful? Can the process be enclosed or contained better? Can the persons exposed or exposure times be reduced? Can the storage areas or quantities stored be re considered to reduce risk further? Can the training or supervision levels be reviewed to reduce risk?			Yes / No Yes / No Yes / No Yes / No Yes / No
<b>Risk Assessment Rating :</b> <b>Likelihood _____ X Severity _____ = _____</b>			<b>Rating:</b>
Confirmation from the Head of Dept to ensure the suitability of risk controls and documentation:			
<b>HOD- Name</b>	<b>Sign:</b>	<b>Date:</b>	

## Risk Rating

### **Risk Matrix** – qualitative & quantitative

#### Likelihood (L)/ N<sup>o</sup> X Severity (H) /N<sup>o</sup>

very unlikely	1	trivial injury	1
unlikely	2	minor injury	2
may happen	4	lost time injury	4
likely	6	major injury, disabling illness	6
very likely.	8	single death	8
certain	10	multiple deaths	10

#### **LEVEL OF ACTION**

<b>VL</b>	trivial risk
<b>L</b>	risk adequately controlled
<b>M</b>	risk requires further assessment
<b>H</b>	Risk not adequately controlled – additional controls
<b>VH</b>	Stop activity immediately

		<b>L</b>	<b>M</b>	<b>H</b>	<b>H</b>	<b>VH</b>	<b>VH</b>
<b>Likelihood (L)</b>	10	<b>L</b>	<b>M</b>	<b>H</b>	<b>H</b>	<b>VH</b>	<b>VH</b>
	8	<b>L</b>	<b>M</b>	<b>H</b>	<b>VH</b>	<b>VH</b>	
	6	<b>VL</b>	<b>M</b>	<b>M</b>	<b>H</b>	<b>H</b>	
	4	<b>VL</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>H</b>	
	2	<b>VL</b>	<b>L</b>	<b>L</b>	<b>L</b>	<b>M</b>	
	1	<b>VL</b>	<b>VL</b>	<b>VL</b>	<b>VL</b>	<b>L</b>	<b>L</b>
	0	1	2	4	6	8	10
		<b>Severity (S)</b>					