

**TO BE COMPLETED BY DIVISIONAL ASSESSOR**

**PRODUCT :**  
NAME

	<b>QUESTION</b>	<b>ANSWERS/COMMENTS</b>			
1.	<u>Occupational Exposure</u> (IF APPLICABLE)	Workplace Exposure Limit (WEL) EH40 2005: List of Approved workplace Exposure Limits Long-term exposure limit 8Hr TWA			
				Short-term exposure limit 15 Min reference period	
		ppm	mg.m3	ppm	mg.m3
	For Main Ingredient -				
	For Components -				
2.	Adequate Information on Label YES/NO If 'NO' specify deficiencies				
3.	Have test/trials been carried out on the products?				
4.	Results of COSHH Assessments	INDICATE RISK RATING OF SUBSTANCE AND ITS USE (CONSULT RISK RATING ADVICE SHEET)			
RISK (TICK)	LOW	MEDIUM		HIGH	

**SIGNATURE OF ASSESSOR :**

**DATE :**