

CHECK-LIST FOR VETTING THE CONTROL OF SUBSTANCES WHICH MAY BE HAZARDOUS TO HEALTH**PART 1 TO BE COMPLETED BY APPLICANT DIVISION**

	QUESTION	ANSWERS/COMMENTS
1.	<u>Manufacturer/Supplier</u> Name and Address	
2.	<u>Trade Name of Product</u>	
3.	<u>Main Chemical Ingredient</u>	
4.	<u>Other Chemical Components</u>	
5.	<u>Information from Data Sheet</u> Potential to Cause Harm? e.g. Toxic, Corrosive, Etc. Flammability? Protective Equipment Recommended? (Specify)	

6.	<u>Information from Data Sheet</u> (continued) Storage Handling/Disposal arrangements Emergency Procedure Recommended Routes of Entering the Body (Ingestion/Absorption/Inhalation) Effects on Body	
7.	Proposed Application	
8.	By Whom is the product to be used?	
9.	Does use foreseeably affect Students/Public/Others?	
10.	How is the product used? (eg Brushing, Spraying, Mixing etc)	
11.	Has consideration been given to a safer substitute?	

12.	Has a safe system of work been established? - If 'yes' give details	
13.	Precautions to be taken in its use (ventilation, etc.)	
14.	What information, training or instruction is intended to be given to staff and students?	
15.	Who will be responsible for supervising the use of the substance?	

NAME OF APPLICANT DEPARTMENT :	
NAME OF PERSON COMPLETING PART 1 : (BLOCK CAPITALS)	
SIGNATURE :	
DATE :	

COSHH REGULATIONS 2002

WORK METHOD STATEMENT

A detailed work method procedure has to be provided by the Department along with Part 1 and Manufacturer's/Supplier's Data Sheets prior to the actual assessment.

PRODUCT :		
FOR USE BY :		
WORK LOCATION :		
<u>METHOD STATEMENT</u>		
1.		
2.		
3.		
4.		
5.		
6.		