

UK Shaolin Temple COSHH Risk Assessment

SUBSTANCE INFORMATION

Substance/material:

Trade name:

What is the substance used for?

(E.g. cleaning floors, protective coating, etc.)

What are the hazardous ingredients/chemicals in the substance? (List below)

Do any of the chemicals have a:

Maximum Exposure Limit? (State opposite)

Occupational Exposure Standard? (State opposite)

Is the substance: (Check for an orange 'CHIP' square on the product data sheet or packaging.)

- | | | | |
|---|-------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Extremely flammable? | <input type="checkbox"/> Oxidising? | <input type="checkbox"/> Very toxic? | <input type="checkbox"/> Sensitising? |
| <input type="checkbox"/> Highly flammable? | <input type="checkbox"/> Harmful? | <input type="checkbox"/> Corrosive? | <input type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable? | <input type="checkbox"/> Toxic? | <input type="checkbox"/> Irritant? | |

Is the substance hazardous to health when:

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> In contact with skin? | <input type="checkbox"/> Breathed in? | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed? | |

USE OF SUBSTANCE

How should the substance be used?

(E.g. diluted in water, applied with a brush, sprayed, etc.)

How much is used every week?

(State quantity in litres or kilos as appropriate.)

Who is exposed to the substance?

(E.g. those using it, pupils, service users, etc.)

Does the substance present additional risks to certain groups or individuals?

(E.g. young people, expectant mothers.)

CONTROL MEASURES

Can a less hazardous substance be used to do the same job?

Yes

(If you don't know, please contact your supplier for further information.)

What controls are required for this substance, other than Personal Protective Equipment (PPE)?

(E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.)

Is any Personal Protective Equipment (PPE) required when using the substance?



- Eye protection? (State type required)



- Gloves? (State type required)



- Overalls/clothing? (State type required)



- Mask/respirator? (State type required)



- Other? (State type required)

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)

Please turn over

Have persons using this substance been provided with information or training on its use?

Yes

(As a minimum ensure a copy of this assessment is in a known and readily accessible location.)

No

OTHER PRECAUTIONS AND EMERGENCY PROCEDURES

Spillages: How should an accidental release/spillage of this substance be dealt with?

First aid: What actions should be taken if the substance is:

a) Swallowed?

b) In contact with eyes?

c) In contact with skin?

d) Inhaled?

e) Other? (Please specify.)

Fire precautions: What actions should be taken in the event of fires involving this substance?

Chemical reactions: Is there any other substance that this substance must not come into contact with?

Disposal: How should the substance be disposed of (or not disposed of)?

Health surveillance: Do staff using the substance require any health surveillance?

ASSESSMENT OF RISK

Are all the controls detailed above currently in place?

Yes No

If these controls are not in place, or additional controls are required, state action to be taken. Please note - COSHH substances must NOT be used if adequate control measures are not in place.

Remedial actions required	Date for completion

Are hazards to health adequately controlled with all control measures in place?

Yes No

Assessor(s) name:	Assessor(s) signature:	Date:
The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.		
Line Managers name:	Line Managers signature:	Date:
Remedial actions complete: (Date)	Line Managers signature:	Reviewed on: (Date)

A copy of the product safety data sheet must be attached to this assessment.