

COSHH Risk Assessment

No:

Section:

Team:

Substance / Activity

Name the substance (s) involved in the process and their manufacturer.

Describe the activity or work process.

Exposure Time.

Frequency of Activity

Quantity used (per 8hrs)

Number exposed

Location










Identify the persons at risk:

Employees

Contractors

Public

Classification of Hazard

	<input type="checkbox"/>	Can cause harm if swallowed, inhaled or in contact with skin.		<input type="checkbox"/>	Highly or extremely flammable gas, aerosol, liquid and vapour.
	<input type="checkbox"/>	May cause corrosion, severe skin burns and eye damage.		<input type="checkbox"/>	May cause allergic skin reaction or serious eye irritation; harm if swallowed or inhaled; harm to the environment.
	<input type="checkbox"/>	Harmful / toxic to the aquatic life / environment.		<input type="checkbox"/>	May cause fire (or intensify it) or explosion.
	<input type="checkbox"/>	May damage fertility or the unborn child, cause cancer, allergies or asthma symptoms, damage organs.		<input type="checkbox"/>	Unstable explosive. Mass explosion hazard.
	<input type="checkbox"/>	Gas under Pressure / may explode if heated, cause burns or injury.			

Hazard Type

Gas	Liquid	Solid	Mist	Vapour	Fume	Dust	Other
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Hazard Statements

Large empty box for Hazard Statements.

Composition (actual chemicals)

Chemical Name	CAS/EC Number	LTEL (8 hours)	STEL (15 mins)

List the main stage(s) of the job	1 Potential exposure routes, method of exposure and extent of exposure i.e., skin contact, inhalation, ingestion or injection, and how?	2 Who might be exposed?	3 Existing controls? <i>What is already in place?</i> Consider hierarchy of control (in order).	4 What further action is necessary? <i>Can controls be improved using hierarchy of control?</i>
a)				
b)				

