

## Audit Your COSHH Assessment and Controls

Use this checklist, to ensure that your systems and procedures minimize the risk of exposure of your staff to harmful materials in their working environment and that your precautionary measures comply with the key requirements of the COSHH Regulations 2002.

For support in carrying out a COSHH assessment, please contact the Health, Safety and Welfare Team by e-mailing: [safetyadvice@gov.im](mailto:safetyadvice@gov.im)

**Department:**

**Address:**

**Useful Links:**

- HSE COSHH - <https://www.hse.gov.uk/coshh/>

<b>Identification of Harmful Materials</b>	
Have you identified all materials covered by COSHH?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you included materials that could be generated at work (e.g. wood dust, welding fume, reaction products) as well as materials that your purchase?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Comments:	
<b>Risk Assessment</b>	
Have you downloaded the latest HSE guidance? <a href="https://www.hse.gov.uk/pubns/indg136.pdf">https://www.hse.gov.uk/pubns/indg136.pdf</a>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you hold up-to-date Materials Safety Data Sheets (MSDS) from your suppliers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you done a risk assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Was your risk assessment done by a competent person (someone with the knowledge and experience to identify substance hazards and decide on suitable safeguards)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure

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Have you considered exceptional situations, e.g. spills and leaks, as well as normal operation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your assessment consider how employees could be exposed (include inhalation, skin contact, eye contact, swallowing and injection/skin puncture)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you considered possible harm to people affected other than your employees e.g. contractors and visitors?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Comments:	
<b>Control Measures</b>	
Have you assessed existing control measures?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Does your approach follow the 'hierarchy of control' e.g. could you eliminate the hazardous materials or replace them with a safer substitute?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you provided appropriate controls, including personal protective equipment (PPE)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you treat PPE as the last line of protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do you have systems in place to check that your control measures are working?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you arranged statutory inspection and test of Local Exhaust Ventilation (LEV) systems where required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Comments:	
<b>Monitoring</b>	
Have you considered whether air monitoring is required e.g. to ensure control is within a Workplace Exposure Limit (WEL)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Is air monitoring carried out by a competent person?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Where monitoring identifies insufficient control, have you taken action to correct the problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure



Have you considered whether health surveillance is required?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Comments:	
<b>Record Keeping</b>	
Have you recorded your assessment?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you kept records of any checks, examinations, tests and maintenance so that you can prove your control is effective?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Comments:	
<b>Information and Training</b>	
Have you provided information and training to your employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do they know the hazards of the materials to which they might be exposed and the action they should take to keep themselves safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do they know how to use chemical labels to understand both the dangers and the necessary safeguards?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Have you instructed them in the proper use of any PPE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Do all your employees know what action to take in an emergency involving chemicals or harmful materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure
Comments:	

