

# COSHH RISK ASSESSMENT

REF NO:

School:

Section/Area:

Describe the activity or work process (Include how long and how often this is carried out and the quantity of substance used)

Location of process being carried out?

Identify the persons at risk:

Employees   
(including trainees)

Contractors

Public   
(including students)

Name the substance involved in the process and its manufacturer. (A copy of a current safety data sheet for this substance should be attached to this assessment)

## Classification (state the category of danger)



Acute toxicity  
Cat 1 - 3



Serious  
Health Hazard



Aquatic  
Environment



Acute toxicity  
Cat 4



Flammable



Explosive



Corrosive



Oxidising



Gas under  
pressure

## Hazard Type

Gas

Vapour

Mist

Fume

Dust

Liquid

Solid

Other(state) \_\_\_\_\_

## Route of Exposure

Inhalation

Skin

Eyes

Ingestion

Other(state) \_\_\_\_\_

## Workplace Exposure Limits (WELs) please indicate n/a where not applicable

Long-term exposure level (8hrTWA):

Short-term exposure level (15 mins):

## State the Risks to Health from Identified Hazards

**Control Measures:** (for example extraction, ventilation, training, supervision. Include special measures for vulnerable groups, such as disabled people and pregnant workers)

Is health surveillance or monitoring required? Yes  No

**Personal Protective Equipment (state type and standard)**

Dust Mask <input type="checkbox"/>	Visor <input type="checkbox"/>	Respirator <input type="checkbox"/>
Gloves <input type="checkbox"/>	Goggles <input type="checkbox"/>	Other <input type="checkbox"/>
Overalls <input type="checkbox"/>	Footwear <input type="checkbox"/>	

**First Aid Measures**

**Storage**

**Disposal of Substances and Contaminated Containers**

Hazardous Waste  Skip  Return to Depot  Return to Supplier

Other (Please state)  \_\_\_\_\_

Is exposure adequately controlled? Yes  No

**What further action needs to be taken?**

Action:	By Who:	By What Date:

**Assessed by:**

**Date:**