

















<INSERT COMPANY NAME> COSHH RISK ASSESSMENT

<INSERT COMPANY LOG>

COSHH RISK ASSESSMENT										
Name of Substance:		COSHH Reference:			Supplied by:			Date of Assessment:		
Persons at Risk:		Staff	Public	Visitors	Contractor	Young/Pregnant Workers	Review Date:			
Assessor:		Print name:			Supervisor:			Print name:		
		Signed:						Signed:		
Description of Substance:		Method of Use:								
Site and Location of Substance:		Department:								
Hazards Identification and PPE										
Routes of Entry:		Personal Protective Equipment (Tick Required Boxes):						Tick here for none		
Inhalation										
Absorption										
Ingestion										
Location of PPE:		Hand Protection	Protective Clothing	Protective Footwear	Safety Glasses	Face Shield	Face Mask	Respirator		

Hazard & Precautionary Statements:	Occupational Exposure Standard (OES):	Maximum Exposure Limits (MEL):	Workplace Exposure Limits (WEL):					
Frequency and Duration of Exposure								
Amount Used: <ul style="list-style-type: none"> • Small (millilitres) • Medium (litres) • Large (cubic metres) 		How Many Times per Day: <ul style="list-style-type: none"> • 1–5 • 5–10 • More than 10 	Duration: <ul style="list-style-type: none"> • 1–5 minutes • 6– 0 minutes • 31– 60 minutes • 1 hour+ 					
Substance Properties (Tick all that apply)								
You should review the current MSDS for your product and ensure that the correct symbols are ticked.								
 Oxidising	 Explosive	 (Extremely) Flammable	 Toxic	 Harmful	 Corrosive	 Human Health	 Dangerous for environment	 Gas under pressure

Control Measures			
General Precautions		First Aid Measures	
Further Controls Required	Responsibility	By When	Date Completed
Spillage Procedure		Fire and Explosion Prevention	
Handling and Storage		Disposal Considerations	

COSHH Assessment Comments		
Assessor Summary	YES/NO	FURTHER COMMENTS/DETAILS
1. Has the assessment considered all factors pertinent to the use of the substance? If NO, please give details of further action required.		
2. Has the assessment considered the practicability of preventing exposure? If NO, please give details of further action required.		
3. Has the assessment considered the steps to be taken to achieve and maintain adequate control of exposure where prevention is not reasonably practicable? If NO, please give details of further action required.		
4. Has the assessment considered the need for monitoring exposure to the substance? If NO, please give details of further action required.		
5. Has the assessment identified all action required to comply with regulations? If NO, please give details of further action required.		

COSHH Assessment	Please tick	
The task is safe to be carried out with current control procedures.		Tick if no further action required.
The task is safe to be carried out subject to actions listed.		Tick if use of the substance is not causing significant problems but requires some action to bring it within COSHH guidelines. Action should be prioritised and specific dates set for completion.
Task/substance is unsafe, significant noncompliance with health & safety standards.		Tick if the task or substance has potential to cause significant problems to users; use of substance to be discontinued until problems have been rectified.
The task/process should be re-assessed on a regular basis either annually, or if there are significant changes to the task or process or if there is a significant change in personnel who carry it out it e.g. young/inexperienced workers, pregnancy, workers with pre-existing conditions such as asthma, dermatitis, etc.		
Assessor Name:	Date:	
This Assessment has been discussed with the user and their line manager and action agreed.	Signed:	
User:	Line Manager:	Date: