**COSHH ASSESSMENT RA3**

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| --- | --- | --- | --- |
| School |  | Assess. No. |  |
| Title of Activity |  | | |
| Location(s) of Work |  | | |

|  |
| --- |
| Outline of task/method: |

### A. Hazards including any substances produced during the procedure

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of substance(s) and classify hazard** | Pictorgrams | Pictorgrams | Pictorgrams | Pictorgrams | PictorgramsPictorgrams | PictorgramsPictorgrams | PictorgramsPictorgrams | PictorgramsPictorgrams | PictorgramsPictorgrams |
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B. Exposure route(s) by which harm may occur

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| --- | --- | --- | --- | --- | --- | --- |
| Substance(s) | Skin Contact | Skin Absorption | Eye Contact | Inhalation | Ingestion | Injection via sharps |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

### C. Engineering Control Measures (Fume cupboards/LEV etc.)

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| --- |
| State any engineering controls required for this task/method; |

### D. Personal Protective Equipment (PPE)

|  |  |  |  |
| --- | --- | --- | --- |
| State any PPE required for this task/method. Include which type and when they are to be worn; | | | |
| Dust mask |  | Visor |  |
| Respirator |  | Goggles |  |
| Gloves |  | Overalls |  |
| Footwear |  | Other |  |

### E. Health Monitoring

|  |  |  |
| --- | --- | --- |
| Is biological monitoring required to ensure that the control of exposure to the hazardous substance(s) is adequate? | Yes | No |
| Is health surveillance required for the protection of the health of employees? | Yes | No |

If yes for health monitoring, arrange an appointment with Occupational Health

F. Training

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| --- |
| State any health and safety training required for this task/method; |

G. Storage

|  |
| --- |
| State any requirements for storage areas and containers; |

H. Supervision

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| --- |
| State what supervision (if any) is required for persons undertaking this task; |

I. Implications for persons not involved in the work activity

|  |
| --- |
| Note any persons who may require to be informed, in part or in full, of the information contained in this assessment. |

J. Accidental release measures and Waste disposal

|  |  |
| --- | --- |
| For accidental releases define   * Personal precautions i.e. Consider PPE, ventilation, fire/explosion, evacuation requirements * Environmental precautions * Methods for cleaning up | |
| Personal precautions |  |
| Environmental precautions |  |
| Methods for cleaning up |  |
| State waste disposal routes for all hazardous substances in this task/method; | |

**If in doubt contact the University Sustainability Manager**

|  |  |  |
| --- | --- | --- |
| Are you satisfied that the control measures outlined above are adequate to control the risks to health from the hazardous substances used in the work activity described to the lowest level reasonably practicable?  **If no, work cannot continue until safe to do so** | Yes | No |

### K. Verification of COSHH risk assessment

When this assessment is complete it should be signed and dated by the assessor and then checked and signed by the line manager responsible for the individual carrying out the assessed task. You must ensure that the person undertaking the task is competent to do so and has received sufficient information, instruction and training.

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| --- | --- | --- | --- |
| Assessed by: |  | Checked by: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |

### L. Review of Assessment

**This assessment should be reviewed at regular intervals and immediately if there is reason to suspect that it is no longer valid (for example after any accidents or incidents) or if there is a significant change in the work to which it relates.**

When the assessment is reviewed, add below the signature of the assessor and the person responsible for work in that area of the School/Unit. If the activity has materially changed in any way, then a new assessment should be undertaken and a new assessment form completed.

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| --- | --- | --- | --- |
| Assessed by: |  | Checked by: |  |
| Signature: |  | Signature: |  |
| Date: |  | Date: |  |