

# COSHH Assessment

Assess risks from hazardous substances and document controls to keep people safe. Required for any workplace using chemicals or dangerous materials.

Title: \_\_\_\_\_

Severity: \_\_\_\_\_ Site: \_\_\_\_\_

Date / Time: \_\_\_\_\_ Completed by: \_\_\_\_\_

## Substance Identification

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1 Product or substance name \*

\_\_\_\_\_

2 Manufacturer or supplier

\_\_\_\_\_

3 Supplier contact details

\_\_\_\_\_

4 Product code or reference

\_\_\_\_\_

5 Safety data sheet available

Yes

No

N/A

6 Safety data sheet date

\_\_\_\_\_

7 Safety data sheet attached

*Attach file here*

\_\_\_\_\_

## Substance Details

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8 Physical form

- Solid                       Powder                       Granules                       Liquid
- Gas                               Vapour                       Mist                               Fume
- Aerosol                       Paste                               Gel
- 

9 Colour

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10 Odour

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11 Quantity stored on site

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12 Quantity used per task

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13 Frequency of use

- Daily                       Weekly                       Monthly                       Occasionally
- Rarely

## Hazard Classification

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14 GHS hazard pictograms

Explosive

Flammable

Oxidiser

Compressed gas

Corrosive

Toxic

Harmful or irritant

Health hazard

Environmental hazard

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15 Signal word

Danger

Warning

None

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16 Hazard statements

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17 Precautionary statements

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18 Workplace exposure limit

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19 Short term exposure limit

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## Hazardous Properties

---

20 Flammable

Yes

No

N/A

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21 Explosive

Yes

No

N/A

---

22 Oxidising

Yes

No

N/A

---

23 Corrosive

Yes

No

N/A

---

24 Toxic

Yes

No

N/A

---

25 Harmful

Yes

No

N/A

---

26 Irritant

Yes

No

N/A

---

27 Sensitiser

Yes

No

N/A

---

28 Carcinogenic

Yes

No

N/A

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29 Mutagenic

Yes

No

N/A

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30 Toxic to reproduction

Yes

No

N/A

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31 Dangerous to the environment

Yes

No

N/A

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32 Comments on hazardous properties

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### Routes of Exposure

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33 Inhalation

- Yes  No  N/A

34 Skin contact

- Yes  No  N/A

35 Skin absorption

- Yes  No  N/A

36 Eye contact

- Yes  No  N/A

37 Ingestion

- Yes  No  N/A

38 Injection

- Yes  No  N/A

39 Primary route of exposure

- Inhalation  Skin contact  Skin absorption  Eye contact  
 Ingestion  Injection

## Health Effects

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40 Acute health effects

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41 Chronic health effects

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42 Target organs affected

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43 Signs and symptoms of exposure

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44 First aid measures

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## Task and Activity

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45 Task or activity description \*

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46 Work area description

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47 Process involved

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48 How substance is used

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49 Duration of exposure per task

---

50 Frequency of task

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## People at Risk

---

51 Number of employees exposed

---

52 Job roles exposed

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---

53 Vulnerable groups exposed

Yes

No

N/A

54 Young workers

Yes

No

N/A

55 Pregnant workers or nursing mothers

Yes

No

N/A

56 Workers with health conditions

Yes

No

N/A

57 Contractors

Yes

No

N/A

58 Visitors

Yes

No

N/A

59 Members of the public

Yes

No

N/A

60 Details of people at risk

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## Exposure Assessment

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61 Type of exposure

Continuous

Intermittent

Occasional

Emergency only

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62 Level of exposure

Low

Medium

High

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63 Exposure monitoring conducted

Yes

No

N/A

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64 Monitoring date

---

65 Monitoring results

---

---

---

66 Monitoring results attached

*Attach file here*

---

67 Biological monitoring required

Yes

No

N/A

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68 Biological monitoring details

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## Risk Evaluation Before Controls

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69 Likelihood of exposure

1 - Very unlikely

2 - Unlikely

3 - Possible

4 - Likely

5 - Very likely

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70 Severity of harm

1 - Insignificant

2 - Minor

3 - Moderate

4 - Major

5 - Catastrophic

---

71 Risk level before controls

Low

Medium

High

Very high

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## Existing Control Measures

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72 Current controls in place

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73 Are existing controls adequate

Yes

No

N/A

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74 Notes

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## Elimination and Substitution

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75 Can the substance be eliminated

Yes

No

N/A

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76 Reason if elimination not possible

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77 Can a safer substitute be used

Yes

No

N/A

---

78 Substitute considered

---

79 Reason if substitution not possible

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## Engineering Controls

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80 Local exhaust ventilation in place

Yes

No

N/A

---

81 LEV tested and working

Yes

No

N/A

---

82 LEV test date

---

83 General ventilation adequate

Yes

No

N/A

---

84 Enclosed system used

Yes

No

N/A

---

85 Automation used to reduce exposure

Yes

No

N/A

---

86 Other engineering controls

---

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## Administrative Controls

---

87 Safe working procedures in place

Yes

No

N/A

---

88 Procedure reference

---

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89 Restricted access to area

Yes

No

N/A

---

90 Warning signs displayed

Yes

No

N/A

---

91 Time limits on exposure

Yes

No

N/A

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92 Maximum exposure time

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---

93 Job rotation used

Yes

No

N/A

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94 Training provided

Yes

No

N/A

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95 Training details

---

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96 Supervision arrangements

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97 Other administrative controls

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## Personal Protective Equipment

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98 PPE required

Yes

No

N/A

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99 Respiratory protection required

Yes

No

N/A

---

100 RPE type

Disposable mask FFP1

Disposable mask FFP2

Disposable mask FFP3

Half mask respirator

Full face respirator

Powered air purifying respirator

Supplied air respirator

Other

---

101 Filter type required

---

102 Face fit test required

Yes

No

N/A

---

103 Face fit test completed

Yes

No

N/A

---

104 Gloves required

Yes

No

N/A

---

105 Glove type

Nitrile

Latex

Neoprene

PVC

Butyl rubber

Viton

Other

---

106 Glove breakthrough time

---

107 Eye protection required

Yes

No

N/A

---

108 Eye protection type

Safety glasses

Safety goggles

Face shield

Other

---

109 Protective clothing required

Yes

No

N/A

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110 Protective clothing type

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111 Other PPE required

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### Risk Evaluation After Controls

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112 Likelihood after controls

- 1 - Very unlikely       2 - Unlikely       3 - Possible       4 - Likely  
 5 - Very likely

113 Severity after controls

- 1 - Insignificant       2 - Minor       3 - Moderate       4 - Major  
 5 - Catastrophic

114 Residual risk level

- Low       Medium       High       Very high

115 Is residual risk acceptable

- Yes       No       N/A

116 Further actions if risk not acceptable

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## Storage Requirements

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117 Storage location

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118 Storage conditions

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119 Maximum quantity to be stored

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120 Segregation requirements

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121 Incompatible substances

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122 Storage container type

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123 Secondary containment in place

Yes  No  N/A

124 Storage area ventilated

Yes  No  N/A

125 Storage area locked

Yes  No  N/A

## Handling Precautions

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126 Safe handling procedures

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127 Decanting procedures

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128 Transfer equipment required

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129 Spillage procedures

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## Disposal Requirements

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130 Waste classification

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131 Disposal method

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132 Disposal contractor

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133 Special disposal requirements

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134 Container disposal requirements

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## Health Surveillance

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135 Health surveillance required

Yes  No  N/A

136 Type of health surveillance

Skin checks  Lung function tests  Biological monitoring  Audiometry  
 Vision tests  Medical examination  Other

137 Health surveillance frequency

Before first exposure  Monthly  Quarterly  Annually  
 As required

138 Health surveillance provider

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139 Health surveillance records maintained

Yes  No  N/A

## Emergency Procedures

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140 Spillage procedure

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141 Fire fighting measures

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142 Fire extinguisher type required

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143 Accidental release measures

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144 First aid measures for inhalation

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145 First aid measures for skin contact

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146 First aid measures for eye contact

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147 First aid measures for ingestion

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148 Antidote required

Yes

No

N/A

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149 Antidote details

---

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150 Emergency contact number

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151 Spill kit location

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152 Eye wash location

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153 Emergency shower location

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## Information and Training

---

154 Safety data sheet accessible

Yes

No

N/A

---

155 SDS location

---

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156 Workers informed of risks

Yes

No

N/A

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157 Workers trained on safe use

Yes

No

N/A

---

158 Training date

---

---

159 Training records maintained

Yes

No

N/A

---

160 Toolbox talk delivered

Yes

No

N/A

---

161 Toolbox talk date

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162 Comments on training

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## Communication

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163 Assessment communicated to workers

Yes

No

N/A

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164 Communication method

Briefing

Toolbox talk

Notice board

Email

Training session

Induction

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165 Date communicated

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## Review Requirements

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166 Review frequency

Monthly

Quarterly

Six monthly

Annually

After incident

When process changes

167 Review triggers

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168 Changes that would require review

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## Actions Required

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169 Further actions identified

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170 Person responsible for actions

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171 Target completion date

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172 Priority

Low

Medium

High

Urgent

## Supporting Documents

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173 Safety data sheet attached

*Attach file here*

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174 Monitoring results attached

*Attach file here*

---

---

175 Training records attached

*Attach file here*

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176 LEV test certificate attached

*Attach file here*

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177 Other supporting documents

*Attach file here*

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## Sign-off

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178 Assessor name \*

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179 Assessor signature \*

---

Signature

180 Date \*

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181 Reviewer name

---

182 Reviewer signature

---

Signature

183 Review date

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