

<b>Ref:</b>		
<b>Substance/Material:</b>	<b>Trade Name:</b>	
<b>Physical properties:</b>		
What is the substance used for? (eg floor cleaning, protective coating etc)		
What are the hazardous ingredients/chemicals in the substance? (List below)		
<b>Substance</b>	<b>STEL (15Min)</b>	<b>TWA (8Hr)</b>
<b>Is the substance:</b> (Check for an orange 'CHIP' symbols on the product data sheet or packaging) <input type="checkbox"/> Extremely flammable? <input type="checkbox"/> Oxidising? <input type="checkbox"/> Very toxic? <input type="checkbox"/> Sensitising? <input type="checkbox"/> Highly flammable? <input type="checkbox"/> Harmful? <input type="checkbox"/> Corrosive? <input type="checkbox"/> Other? (specify below) <input type="checkbox"/> Flammable? <input type="checkbox"/> Toxic? <input type="checkbox"/> Irritant?		
<b>Is the substance hazardous to health when:</b> <input type="checkbox"/> In contact with skin? <input type="checkbox"/> Inhaled? <input type="checkbox"/> Other (Specify below) <input type="checkbox"/> In contact with eyes? <input type="checkbox"/> Ingested?		
<b>USE OF SUBSTANCE</b>		
How should the substance be used?		
How much is used every week? (State quantity in litres or kilos as appropriate)		
Who is exposed to the substance? (eg those using it, employees, contractors, all etc)		
Does the substance present additional risks to certain groups/individuals? (eg young persons, NEMs, those with pre-existing conditions)		
<b>CONTROL MEASURES</b>		
Can a less hazardous substance be used to do the same job? <span style="float: right;">Yes <input type="checkbox"/>      No <input type="checkbox"/></span>		
What controls are required for this substance, other than Personal Protective Equipment (PPE)? (eg well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only)		
<b>Is any Personal Protective Equipment (PPE) required when using the substance?</b> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/>  <b>Eye protection?</b> (State type required)  <input type="checkbox"/>  <b>Overalls/clothing?</b> (State type required)  <input type="checkbox"/>  <b>Other?</b> (State type required)           </div> <div style="width: 45%;"> <input type="checkbox"/>  <b>Gloves?</b> (State type required)  <input type="checkbox"/>  <b>Mask/respirator?</b> (State type required)           </div> </div>		
How should the substance be stored? (eg locked cupboard, away from other substances, etc)		

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<b>Is provision made for information/training relevant personnel on this substance?</b> (As a minimum ensure a copy of this assessment is in a known and readily accessible location.)			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>OTHER PRECAUTIONS &amp; EMERGENCY PROCEDURES</b>			
<b>Spillages:</b> (How should an accidental release/spillage of this substance be dealt with?)			
<b>First aid:</b> What actions should be taken if the substance is:			
<b>a) Ingested</b>		<b>b) In contact with eyes</b>	
<b>c) In contact with skin</b>		<b>d) Inhaled</b>	
<b>e) Other</b> (Please specify)			
<b>Fire fighting measures:</b> (What actions should be taken in the event of fires involving this substance?)			
<b>Chemical reactions:</b> (Is there any other substance that this substance must not come into contact with?)			
<b>Disposal considerations:</b> (How should the substance be disposed of and any disposed restrictions?)			
<b>Health surveillance:</b> (Details if applicable)			
<b>ASSESSMENT OF RISK</b>			
<b>Are all the controls detailed above currently in place?</b>			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>If these controls are not in place, or additional controls are required, state action to be taken. Please note - COSHH substances must NOT be used if adequate control measures are not in place.</b>			
<b>Remedial actions required</b>			<b>Date for completion</b>
<b>Are hazards to health adequately controlled with all control measures in place?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Assessor(s) name:</b>		<b>Assessor(s) signature:</b>	<b>Date:</b>
<b>Remedial actions complete:</b> (Date)		<b>Signature:</b>	<b>Reviewed on:</b> (Date)

**A copy of the product Safety Data Sheet (SDS) must be attached to this assessment**