



















# COSHH ASSESSMENT FORM RA2

<b>Assessment Ref:</b>		<b>Name of Substance(s):</b> (Attach manufacturers data sheet or make available online)					
<b>Assessors Details</b>	<b>Name</b>			<b>Dept.</b>			
	<b>Position</b>			<b>Assessment Date</b>			
<b>Activity/Procedure:</b>				<b>Storage Location</b>			
<b>Can the substance be eliminated/substituted</b>				YES		NO	
<b>Classification: PLEASE MARK ALL THAT APPLY</b>							
 GHS02		Flammable	 GHS06		Toxic	 GHS07	Harmful / Irritant
 GHS04		Compressed Gas	 GHS01		Explosive	 GHS08	Carcinogen, mutagen, respiratory sensitiser
 GHS05		Corrosive	 GHS03		Oxidising	 GHS09	Environmental
	BIOHAZARDOUS INFECTIOUS MATERIALS						
<b>Hazard Type: PLEASE MARK ALL THAT APPLY</b>							
Gas:	Vapour:	Mist:	Fume:	Dust:	Liquid:	Solid:	Other:
<b>Hazard &amp; Precautionary Numbers</b>							
<b>Brief overview of risks from identified hazards:</b>							
<b>Route of Exposure: PLEASE TICK ALL THAT APPLY</b>							
Inhalation:	Skin:	Eyes:	Ingestion:	Other:			
<b>Workplace Exposure Limits (WEL's) please indicate n/a where not applicable</b>							
Long-term exposure level (8hr TWA)				Short-term exposure level (15mins)			

# COSHH ASSESSMENT FORM RA2

People at Risk							
Technician/Researcher		Contractor		Students		Visitor	
						Pregnant Worker	
STAFF/OTHER							
Control measures: (for example extraction, ventilation, training & supervision) Include special measures for vulnerable groups such as disabled or pregnant workers.							

Is health surveillance or monitoring required? Yes/No	Details			
<b>Personal Protective Equipment (State type and Standard including RPE)</b>				
	Dust Mask			Visor
	Respirator			Goggles
	Gloves			Overalls
	Footwear			Other
<b>Other</b>				

Any Specific Training Considerations?
<b>Handling and Storage Arrangements:</b>
<b>Disposal Arrangements:</b>

# COSHH ASSESSMENT FORM RA2

## EMERGENCY PROCEDURES

First Aid measures/arrangements:

Spillage & Containment Arrangements

Specific Contact Details Relating to Use of Substance (where relevant)

UNIVERSITY CONTACT:

EXTERNAL CONTACT:

### OVERALL RISK RATING (tick one box only)

<b>HIGH</b>	<b>MEDIUM</b>	<b>LOW</b>
CONTROLS INADEQUATE STOP WORK	RISK TOLERABLE FURTHER CONTROLS MAY BE REQUIRED	CONTROLS ADEQUATE

Have you received training in COSHH assessment

YES

NO

The above is to the best of my knowledge an accurate statement of hazards and foreseeable risks. The procedures and precautions described will adequately control exposure to substances hazardous to health.

Assessor (PRINT):

Date:

Signed:

Review date:

# COSHH ASSESSMENT FORM RA2

Signed to Acknowledge Receipt

NAME	SIGNED	DATE