

Assessment Ref:			Name of Substance(s): (Attach manufacturers data sheet or make available online)										
Assessors	Name			1 \		ept.		et or ma	ike avaii	abie	e online)		
Details	Position				Assessment Date								
	Position				AS	Assessment Date							
Activity/Prod	cedur	e:				Storage Location							
Can the substance be eliminated/substituted						ΥE	S			NO)		
Classification	n: PL	EASE N	IARK AL	L THAT APP	PLY	T						ı	
GHS02	Flammable		GHS06		-	Toxic		GHS	507			mful / itant	
GHS04		Compressed Gas		GHS01		Ex	Explosive		GHS08			Carcinogen, mutagen, respiratory sensitiser	
GHS05		Corrosive		GHS03		Ox	Oxidising		GHS09			Environmental	
	BIOHAZARDOUS INFECTIOUS MATERIALS												
Hazard Type: PLEASE MARK ALL THAT APPLY													
Gas:	: Vapour: Mist: Fume:					Du	st:	Lic	quid:	Solid:		Other:	
Hazard & Precautionary Numbers													
Brief overview of risks from identified hazards:													
Route of Exposure: PLEASE TICK ALL THAT APPLY													
Inhalation: Skin: Eyes: Ingestion: Other:													
Workplace Exposure Limits (WEL's) please indicate n/a where not applicable													
Long-term exposure level (8hr TWA) Short-term expo						exposu	ire level	(15	mins)				



People	e at Risk									
	ian/Researcher	Contractor		Students	Vis	itor	Pregnant	Worker		Staff (state below)
STAFF/0	OTHER									
Contro	ol measures: ((for example	extra	ction, ver	tilation	n, trai	ining & sup	ervision	n) Ir	nclude special
measu	ures for vulne	rable groups	such	as disabl	ed or	oregr	nant worke	rs.		
						De	etails			
Is heal	lth surveilland	e or monitor	ing re	equired? Y	'es/No					
Person	nal Protective	Fauinment (State	type and S	Standai	d inc	luding RPF)	ı		
	Dust Mask	Equipment	Otato	typo ana c	ztaridai		Visor			
	Respirator						Goggles			
	Gloves						Overalls			
	Footwear					A	Other			
Other	1							l .		
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Any 5	pecific Trainin	ig Considera	tions	?						
Handli	ing and Storag	ge Arrangem	ents:							
Dispos	sal Arrangeme	ents:								



EMERGENCY PROCEDURES

Specific Contact Details Relating to Use of Substance (where relevant) UNIVERSITY CONTACT: EXTERNAL CONTACT: OVERALL RISK RATING (tick one box only) HIGH CONTROLS INADEQUATE STOP WORK WORK RISK TOLERABLE FURTHER CONTROLS MAY BE REQUIRED Have you received training in COSHH assessment 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:		First Aid measures/arrangements:							
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Signed to Acknowledge Receipt

NAME	SIGNED	DATE