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| --- | --- |
| **Assessment Ref:** | **Name of Substance(s):** (Attach manufacturers data sheet or make available online) |
| **Assessors Details** | **Name** | **Dept.** |
| **Position** | **Assessment Date** |  |
| **Activity/Procedure:** | **Storage Location** |
| **Can the substance be eliminated/substituted** | YES | [ ]  | NO | **[ ]**  |
| **Classification: PLEASE MARK ALL THAT APPLY** |
|  | [ ]  | Flammable |  | [ ]   | Toxic |  |  [ ]  | Harmful / Irritant |
|   | [ ]  | Compressed Gas |  | [ ]  | Explosive |  | [ ]   | Carcinogen, mutagen, respiratory sensitiser |
|  | [ ]  |  Corrosive |  | [ ]   | Oxidising |  | [ ]   | Environmental |
|  | BIOHAZARDOUS INFECTIOUS MATERIALS | [ ]  |
| **Hazard Type:** **PLEASE MARK ALL THAT APPLY** |
|  Gas: [ ]  | Vapour: [ ]  |  Mist: [ ]  |  Fume: [ ]  | Dust: [ ]  | Liquid: [ ]  | 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 exposure level (15mins)       |

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

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

|  |
| --- |
| **Any Specific Training Considerations?** |
|  |
| **Handling and Storage Arrangements:** |
|       |
| **Disposal Arrangements:** |
|       |

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| **EMERGENCY PROCEDURES** |

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| **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)** |
| **HIGH** | **[ ]**  | **MEDIUM** | **[ ]**  | **LOW** | **[ ]**  |
|  **CONTROLS INADEQUATE STOP WORK** | **RISK TOLERABLE FURTHER CONTROLS MAY BE REQUIRED** | **CONTROLS ADEQUATE** |

|  |  |  |  |  |
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| **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:**  |

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| NAME | SIGNED | DATE |
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Signed to Acknowledge Receipt