




# COSHH ASSESSMENT

<b>Product Name(s)</b>		<b>COSHH Assessment Number</b>	
<b>Description of Substance</b>		<b>Assessed by</b>	
<b>Workplace Exposure Limits</b>		<b>Date</b>	
<b>Task/Activity</b>		<b>Risk Phrases</b>	
		<b>Safety Phrases</b>	
<b>Suppliers Name &amp; Address</b>		<b>Telephone/Fax numbers</b>	
		<b>MSDS attached</b>	YES / NO




## SUBSTANCE PROPERTIES

							
<b>Harmful</b>	<b>Irritant</b>	<b>Explosive</b>	<b>Flammable/ Highly Flammable</b>	<b>Oxidising</b>	<b>Toxic/Very Toxic</b>	<b>Dangerous to the Environment</b>	<b>Corrosive</b>
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

ROUTE OF EXPOSURE			
<b>Skin</b>	<b>Absorption</b>	<b>Inhalation</b>	
<b>Ingestion</b>	<b>Cut/ Abrasion</b>	<b>Injection</b>	

ROUTE OF EXPOSURE			
<b>Eyes</b>	<b>Absorption</b>	<b>Inhalation</b>	
<b>Ingestion</b>	<b>Cut/ Abrasion</b>	<b>Injection</b>	

## PPE REQUIREMENTS

							
YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO

## ADDITIONAL CONTROL MEASURES

General Precautions	Control Measures

First Aid/Hygiene Arrangements	Fire Precautions

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LEV Requirements	Monitoring Requirements

Transportation Requirements	Storage Requirements

Spillage Procedure	Disposal Requirements

Comments