**COSHH Risk Assessment Form**

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| --- | --- |
| **What is the substance?** |  |
| **What task/activity/process is the substance being used for?** |  |
| **Who might be harmed?** |  |
| **What is the nature of the hazard?\***  Is a Material Safety Data Sheet available? | *[For a dangerous substance include the classification (e.g. irritant), route of exposure (e.g. skin contact) and effects of exposure (e.g. skin irritation).*  *For a substance with a workplace exposure limit (WEL) include the exposure time and risk/safety phrase numbers*  *For Biological agents include the hazard (e.g. blood spillage).]* |
| **How much substance is used for the task?** |  |
| **How often is this task carried out?** |  |
| **How is the substance stored?** |  |
| **How is the substance disposed of?** |  |
| **How is the risk controlled?** | *[Give details of any special equipment or ways of working, PPE required etc.]* |
| **Can the risk control be further improved?** |  |
| **What action is required after accidental exposure or contact?** | *[For emergencies involving substances which cause fire follow your fire/emergency evacuation procedures.]* |
| **Is health surveillance required?** |  |

**\*Refer to the Material Safety Data Sheet (MSDS) and packaging instructions. If further information is required check the manufacturer’s website or contact them directly.**

**Conclusion**: If the above procedures are followed, the risk for ………is assessed as:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Low |  |  | Significant |  | (If ‘Significant’, give details below) |
|  | | |  | | |
| Comments | | |  | | |

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| --- | --- | --- | --- |
| Date of Assessment |  | Review Date |  |

|  |  |
| --- | --- |
| Assessor’s name |  |
| Signature |  |

**Version history**

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| --- | --- | --- | --- | --- |
| **Date** | **Version No.** | **Summary of change(s)** | **Updated by** | **Next review date** |
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