



COSHH **risk** **assessment**

 **SETON**

Contact our team on 0800 316 3533 for free expert advice

COSHH risk assessment

Product:		SDS - Date of Issue:					
Supplier:		Tel:					
Description of use in the workplace							
Where is it used							
What is it used for							
Frequency of use							
Quantity of use							
Who is exposed							
Exposure time							
Hazard type							
Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other
Route of exposure							
Inhalation	Skin	Eyes	Ingestion	Puncture	Other		
Workplace Exposure Limits							
Long Term (8hr TWA)				Short Term (15 mins)			
Is health surveillance required?				Yes		No	
Is monitoring required?				Yes		No	
Risks to health							
Risk type	Description						
Control measures							
(List of hazard and Precautionary Statements)							
Personal Protective Equipment (specify)							
First Aid procedures							
Inhalation							
Skin							
Eyes							
Ingestion							
Additional safety measures							
Storage							
Disposal							
Spill Procedure							
Local exhaust ventilation							
Required	Y	N	If yes: date and examination of tes				
Is exposure adequately controlled?				Yes		No	
Risk rating following control measures							
HIGH		MEDIUM		LOW			
Name of Assessor							
Date of Assessment							
Signature							
Review Date							