












# COSHH ASSESSMENT SHEET

**Department**

Substance					Supplier			Sheet No.		
Trade Name					Tel. No.			Assessment Date		
Hazard Warning	Irritant	Corrosive	Harmful	Toxic	V. Toxic	Other				
										
Tick as appropriate										
Likely route of entry to the body tick as appropriate										
Inhalation		Ingestion		Eye Contact		Skin Contact				
First Aid measures										
Chemical constituents										
Storage	Location	Quantity	Powder		Aerosol					
			Liquid		Vapour					
			Gas		Dust					
Has Material Safety Data Sheet Been Obtained and Attached to Assessment?								<b>YES</b>		
<b>Personal Protective Measures</b> * Delete as Non Applicable NOTE: Detailed information on PPE type/specification MUST be included under control measure description (These pictograms are not an exhaustive list)	 Eye/Face Protection	 Full Body	 Respiratory Protection	 Hand Protection	 Safety or Chemical boots	 Good Hygiene Standards				
Tick as appropriate										
MEL/OES										
Exposure time per use				Total daily exposure time						

Assessment (including control measures)	
Recommendations	
Disposal Procedure (Including Type of Containers)	
<b>PERSON UNDERTAKING THE RISK ASSESSMENT</b>	
..... Print Name	..... Signature
	..... Date
Position in Company	
Employee Representative involved .....	
<b>ACCEPTANCE FOR IMPLEMENTATION</b>	
..... Manager/Engineer (Print Name)	..... Signature
	..... Date
Review Date	