

EPUT (Essex Partnership University NHS Foundation Trust) COSHH (Control Of Substances Hazardous to Health) Assessment form

This assessment only addresses the risk of harm to health from the substances listed; Additional risk assessments may be required to control the risk from other hazards associated with this work or the working procedures or processes used.

Assessor's Name (please print)		Employer/supervisor	
Assessment date		Review date 1	
Review date 2		Review date 3	
Description of the activity (including any individual steps, as required)			
Location where the process is taking place.			
Persons at risk (tick)	Employees	Service users	Public
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Contractors		
	<input type="checkbox"/>		
Name of the substance being used			
MSDS number (Material Safety Data Sheet)			



EXPLOSIVE	FLAMMABLE	OXIDISING	GAS UNDER PRESSURE	CORROSIVE	TOXIC	CAUTION-LESS SERIOUS HEALTH HAZARDS	LONGER TERM HEALTH HAZARDS	DANGER TO THE ENVIRONMENT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazardous properties: Describe how the substance could cause harm and how. (*i.e. harmful by inhalation; skin contact; flammable; carcinogen etc.*)

Quantity: Insert an indication of the quantity of the substance to be used (remember to amend if this changes during the process).

Hazard type	Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other (state)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Route of exposure	Inhalation	Skin	Eyes	Ingestion	Other (state)
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional information:	Workplace Exposure limits	R-phrases	S-phrases	H-Statements	P-Statements
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Emergency procedures:	Eye contact	Inhalation	Skin contact	Ingestion	Spill procedure
(Yes or No, list below)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
List any special notes here, emergency contact numbers etc.					

First Aid measures:					
Fire Fighting requirements:					
Engineering Controls:					
Access controls:					
Special procedures:					
Approved P.P.E:					
Disposal procedures:					
Training requirements:					
Handling and storage requirements:					
Have you considered:	Young persons?	Pregnant workers?	Nursing mothers?	Elderly/infirm?	Disabled?
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Refer to ACoP 239 for further information, if required. (Available on HSE website free download). (Approved Code of Practice).

CURRENT POSITION				FORECAST							
RISK DESCRIPTION Description of the activity (including any individual steps, as required).	CURRENT CONTROLS What current controls are in place to mitigate the risk?	CURRENT RISK RATING (C x L)			FURTHER ACTION REQUIRED What additional controls/asures will be introduced or what actions will be taken to further mitigate the risk?	TARGET DATE FOR COMPLETING ACTION (DD/MM/YY)	REVIEW DATE (DD/MM/YY)	RESPONSIBLE PERSON	PREDICTED RESIDUAL RISK RATING (C x L)		
		C	L	RR					C	L	RRR

CONSEQUENCE		LIKELIHOOD	
5	CATASTROPHIC	5	CERTAIN
4	MAJOR	4	LIKELY
3	MODERATE	3	POSSIBLE
2	MINOR	2	UNLIKELY
1	MINIMAL	1	RARE

		consequence				
		1	2	3	4	5
Likelihood	1	Low	Low	Low	Medium	Medium
	2	Low	Medium	Medium	Medium	High
	3	Low	Medium	Medium	High	High
	4	Medium	Medium	High	High	Extreme
	5	Medium	High	High	Extreme	Extreme

Frequency of operations:		How many people might be affected?	
Free text box for additional controls	How this is relevant		

