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Site Address

COSHH Risk Assessment

RA Ref No:

Assessor

<<Name>>

Job

<<e

Assessment Date

<<Date>>

Review Dates / Initials

<<Dates>>

<<Initials>>

Material/Substance



Corrosive



Environmental



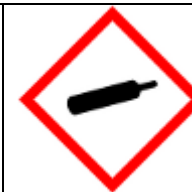
Explosive



Toxic



Irritant

Long term
health

Pressurised Gas



Oxidising

Please give more detail about the hazards

1.

2.

3.

What is it used for

Can an alternative be used instead

Probability (P) 5=very likely, 4=likely, 3=quite possible, 2=possible, 1=unlikely

Severity (S) 5=fatal, 4=severe, 3=moderate, 2=slight, 1=negligible

Risk (R) 0-8=low risk, no action required. 9-15=medium risk, ensure ac

16-25=high risk, stop operation & implement control measures

How is it applied? Is it blanket cover or topical?	Brush/Roller/Spray /Other
How long is the normal period of exposure	
Is there a WEL?	Yes/No Give details
Is Health surveillance needed	Yes/No Give details

Are there any special first aid requirements	Yes/No Give details
Are there any special fire fighting requirements	Yes/No Give details of ext
Are there any special accidental spillage measures needed	Yes/No Give details of abs

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ste disposal methods

6-25=high risk, stop operation & implement control measures

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What PPE is required	Give details
Is special ventilation needed	Yes/No Give details
Any other information needed to complete the Risk Assessment	Yes/No Give details

Overall Severity	

	Overall Risk

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