

**GUIDANCE NOTES ON  
THE CONTROL OF  
SUBSTANCES HAZARDOUS  
TO HEALTH**

**The Highland Council, Corporate Services,  
*Health and Safety Team***

---

# ***CONTENTS***

	<u>PAGE</u>
Introduction	1
Legislation	2
Identification of Hazardous Substances	3
Selection and Training of Assessors	4
Implementation and monitoring	5
5 Step Assessment Process	6
<b>APPENDIX 1</b> Request for information on substances used at work	
<b>APPENDIX 2</b> Substance Identification Record	
<b>APPENDIX 3</b> Assessment Record Forms	
<b>APPENDIX 4</b> Key to Assessment Forms	
<b>APPENDIX 5</b> PPE Issue Record	
<b>APPENDIX 6</b> RPE Inspection Record	
<b>APPENDIX 7</b> COSHH Assessment Procedure	

---

# *1 Introduction*

At work, people can encounter a wide range of substances capable of damaging their health. Substances are used directly, others arise naturally and some are even given off as by-products of processes.

The Control of Substances Hazardous to Health (COSHH) Regulations lay down the essential requirements and a step-by-step approach for the control of hazardous substances and for protecting people exposed to them. The Regulations have been in force since 1989.

The Regulations set out essential measures that employers (and sometimes employees) have to take. Failure to comply with COSHH, in addition to exposing employees to risk, constitutes a criminal offence.

Depending on the risks that are present, and the amount of action that has already been taken to protect people from the hazardous substances that they may encounter, some Services may have very little additional work to do to comply with COSHH, while others will need to do far more.

COSHH does not set out specific requirements for specific circumstances. It sets out a basic system for managing risks to health. The management of these risks firstly requires finding out what the situation is, and secondly deciding what to do about it. In other words the requirement for an assessment of risk.

The following guidance has been produced to outline the legal requirements and give a step-by-step approach to the assessment process.

## ***2 Legislation***

For reference, the significant legislation associated with COSHH is detailed below.

**The Health and Safety at Work etc Act 1974** - contains general requirements relating to hazardous substances.

**The Management of Health and Safety at Work Regulations 1992**, require that general Risk Assessments are carried out.

Risk assessments carried out under the COSHH regulations need not be repeated for the MHSW Regulations.

### **The Personal Protective Equipment at Work Regulations 1992**

These regulations introduce minimum health and safety requirements for the use of personal protective equipment (PPE). COSHH is specifically excluded, but the same principles apply. It should be noted that the use of PPE is the solution of last resort. Under COSHH, other solutions, such as elimination of a hazardous substance, substitution, modifying the task or engineering controls should be considered and implemented so far as is reasonably practicable and only then is it appropriate to consider PPE.

### **The Control of Substances Hazardous to Health Regulations 1988**

To ensure compliance with the regulations, employers are required to:-

- a) Assess the risk arising from work and what precautions are needed
- b) Introduce appropriate measures to prevent or control the risk.
- c) Ensure that the controls are used, maintained and procedures observed.
- d) Where necessary, monitor exposure and undertake health surveillance
- e) Inform, instruct and train employees about the risks and the precautions to be taken

# 3 Identification of Hazardous Substances

The COSHH Regulations identify five categories of hazardous substances which can be summarised as follows:-

- 1 Substances which are classified as: 

Very Toxic	}	A warning symbol should appear on the label
Toxic		
Corrosive		
Harmful		
Irritant		

  
Sensitising
- 2 Substances with a specified maximum exposure limit (MEL) or occupational exposure standard (OES). These are permissible maximum concentrations set by the HSE. - Further information on these can be obtained by contacting the Health & Safety Team.
- 3 Micro-organisms creating health hazards.
- 4 Any dust at a substantial concentration in air.
- 5 Any other substances which create a comparable health hazard.

Lead and asbestos are covered elsewhere. COSHH does not deal with other hazards such as explosive or flammable risks.

If you are uncertain as to whether a substance is hazardous or not then you should contact the supplier requesting a hazard data sheet or other information which they may have available. (See Appendix 1)

## Hazard & Risk

It is important to understand the difference between HAZARD and RISK.

The **hazard** is the potential of a substance to cause harm. Some substances can harm you in several different ways; eg, if you breathe them in, swallow them or get them on your skin.

The **risk** from a substance is the likelihood it will harm you in the actual circumstances of use. This will depend on:

- the hazard presented by the substance,
- how it is used,
- how it is controlled,
- who is exposed...to how much...for how long,
- what they are doing.

Poor control can create a substantial risk even from a substance with low hazard. With proper precautions the risk of being harmed by even the most hazardous substance can be adequately controlled.

## ***4 Selection and Training of Assessors***

One of the principal duties relating to COSHH is the need for employers to determine the extent to which employees may be exposed to hazardous substances and then ensuring such exposure is eliminated, reduced or adequately controlled. This is the process referred to as “risk assessment” and a detailed explanation of the process for COSHH assessments is contained in Section 6.

Service Directors, Area Managers and Area Service Managers should ensure that sufficient numbers of staff are identified to act as assessors and to receive the appropriate training. Staff selected to carry out COSHH assessments should be familiar with the work processes involved and the types of substances normally used. It is also helpful, but not essential, if they have received some general risk assessment training.

COSHH workshops have been developed by the Health & Safety Team in conjunction with the Training & Development Team. Enquiries about course availability etc should be addressed initially to the Training & Development Team, Personnel Services, Dochfour Drive, Inverness.

Attendance at the workshops will enable participants to:-

- be familiar with the legislation relative to COSHH
- understand the terms ‘Hazard’ and ‘Risk’
- carry out assessments using a step by step process as outlined in Section 6 of this guidance
- obtain pro-formas for assessment and record keeping, where Service specific documentation has not been established.

Persons attending the course will be expected to carry out assessments and make the necessary record keeping arrangements on their return to the workplace.

Managers should also take an active role and ensure that assessors are given appropriate support and sufficient time to carry out assessments. They should also be involved in the monitoring and review process as well as determining the action to be taken where health risks are identified.

## ***5 Implementation and Monitoring***

- 5.1 Service Directors and Area Service Manager should ensure that the policy is fully implemented in relation to all workplaces and work activities for which they are responsible.
- 5.2 Area Managers should monitor the implementation of the policy in each Highland Council area, through reporting and discussion at Area Management team meetings.
- 5.3 Members of the Health and Safety Team will also monitor implementation during the course of the inspection and audits of premises.

# 6 *5 Step Assessment Process*

The following gives practical guidance on how assessments of risks to health under COSHH can be undertaken. The information is intended to be helpful and is a suggested, but not necessarily definitive, course of action. It can be used as a source of reference for staff who have undertaken COSHH assessment training. Persons selected to carry out assessments should be competent to do so. It is therefore recommended that only trained members of staff undertake the process. A summary of the process is contained in Appendix 6.

## **STEP 1**

### **GATHERING INFORMATION**

You will need to:

- ☉ Identify who will carry out the assessments
- ☉ Identify and compile a list of substances, taking account of by-products of processes etc
- ☉ Identify how the substances are hazardous
- ☉ Identify what effects these substances have
- ☉ Find out who could be exposed and how
- ☉ Find out who is doing what and what really happens

**Identify and compile a list of substances** present or likely to be present in your workplace. If in doubt, leave deciding whether the substance is hazardous till later.

Identify substances by:

- ☉ looking at stock lists/purchase orders
- ☉ speaking to staff about their jobs and what they do
- ☉ looking around your own workplace.

It may be that once your list is compiled, not all substances identified will necessarily be a substance hazardous to health. See Appendix 2 for suggested recording format.

## **How can hazardous substances be recognised?**

- ☞ by considering the definition of a substance hazardous to health (See Section 3).
- ☞ by considering information provided by suppliers. Suppliers are legally required to provide adequate information about the products they supply. It can take a number of forms including labels and safety data sheets. (See Appendix 1)
- ☞ by reference to HSE Guidance notes and other relevant trades' association advice.
- ☞ by knowledge of processes and from previous experience.

Once the hazardous substances are identified it will be necessary to :

### **Identify how the substances are hazardous**

ie how may the substance enter the body and cause ill health?

Is the substance in a form which could be:

- ☞ inhaled
- ☞ swallowed (either directly or from settling on food etc or from eating food with contaminated fingers)
- ☞ absorbed or introduced through the skin or via the eyes (either directly or from contact with contaminated surfaces or clothing)
- ☞ injected into the body by high pressure equipment or contaminated sharp objects
- ☞ damaging in contact with the skin

### **What Effects could these substances have?**

For each route of entry or contact identified, find out what sort of harm could result.

- ☞ could serious effects or death, either immediate or delayed, occur from single exposure to substances (ie the effects of acute exposure).
- ☞ could adverse effects or death result from repeated, even low level, exposures over a period of time (ie chronic exposure).
- ☞ could the substances cause sensitisation or allergic reactions.
- ☞ could the substance be harmful to the human reproductive process.
- ☞ could micro-organisms cause infection or could an infected individual affect others.
- ☞ could cancers occur.

## **Who could be exposed and how?**

This might be determined in either one of two ways:-

- ⇒ take different work activities and look at all the exposures in each;
- ⇒ take different substances and see where exposure to them occurs across different activities.

For simpler cases the latter, substance based approach may be successful, especially where few substances are involved. It can be wasteful in more complicated situations.

The activity based approach gives much more scope for grouping assessment into broadly consistent categories. In this way, assessment of similar types of work and risk need not be repeated. In all but the simplest cases it is recommended that an activity based approach will be more effective and easier to manage than a substance by substance strategy.

The work should be divided into manageable chunks, eg by Service or location. Some forethought will enable similar types of risk to be identified and conclusions drawn for one area are often, with minor amendment, applicable to others as well. It will also make the relative priorities for assessment clearer.

## **Who is doing what and what really happens?**

Consider the groups of individuals and what activities they are carrying out eg:

- ⇒ employees
- ⇒ ancillary or support service staff
- ⇒ contractors
- ⇒ visitors
- ⇒ pupils/students
- ⇒ people outside

Look at what the people in each group are doing. People do not always work by the book and may devise their own methods. The point of assessment is to find real solutions that work in practice.

Ask what happens to working practices when events such as cleaning, breakdowns, sudden staff shortages, changes in personnel and adverse weather conditions occur. (These can all have a great effect on whether and to what extent people are exposed to substances).

Note also differences between people within a group eg:

- ⇒ young persons might have increased susceptibility to the effects of substances.
- ⇒ pregnant mothers should be considered separately
- ⇒ staff who may have become sensitised to certain substances.

By gathering information in this way, a picture is built up of what substances are used, who uses or may be exposed to them, and how the substances are used in practice. Information should also be obtained relating to what happens during emergencies and maintenance operations.

## **STEP 2**

### **EVALUATION OF RISK TO HEALTH AND HOW TO GO ABOUT ASSESSING RISKS.**

Decide whether the risks will be evaluated on a group or individual basis, then work out the risks by combining answers to the following questions.

- ☉ What is the potential of a substance for causing harm? (ie the hazard)
- ☉ What is the chance of the exposure occurring?
- ☉ How often is exposure liable to occur?
- ☉ What levels are people exposed to and for how long?
- ☉ Draw conclusions about the risks to health
- ☉ When might there be grounds for concluding exposure is not a risk to health?
- ☉ When might exposure constitute a risk to health?

#### **Decide whether risks will be evaluated on a group or individual basis**

COSHH requires precautions to be taken for the protection of every employee. However, in many cases, the risks to each individual can be reliably determined by considering groups with the same or similar working characteristics and concentrating on a few people who are representative and typical of each group.

#### **What is the potential of a substance for causing harm? ie the hazard.**

From the information gathered in STEP 1 the harmful potential should already be apparent.

#### **What is the chance of exposure occurring?**

There are various ways in which harmful exposures can occur. People can come into contact with a substance if they:

- ☉ work with it directly
- ☉ It is a by-product of the process in which they are engaged, ie fumes from welding.
- ☉ are in the vicinity of where it is used or is present in the environment.
- ☉ Are in the vicinity of an accidental release or spillage
- ☉ enter an enclosed space where it might be present
- ☉ disturb deposits of the substance on surfaces and make them airborne
- ☉ wear contaminated clothing or protective equipment
- ☉ come into contact with contaminated surfaces
- ☉ have substances passed on to them from someone else

## **How often is exposure liable to occur?**

This can often be determined by judging from the assessor's own knowledge and experience of the work and from information gathered from workpeople at STEP 1.

Some people will be exposed to substances on a daily basis, others may only be exposed occasionally eg during non-routine operations, such as maintenance or emergencies.

The chances of harmful exposures are often linked to:

- ⇒ the training and information given to employees, including supervisors
- ⇒ the reliability and suitability of the existing control measures.
- ⇒ the quality of the maintenance of the control measures.

## **What levels are people exposed to and for how long?**

The pattern and total time of exposure during the entire work period can usually be determined by observing and asking the people concerned. It is not always necessary to carry out measurements for COSHH Assessments. The aim is to identify what has to be done. In many cases it will be obvious that conditions are satisfactory without measuring them.

Where particularly hazardous substances are used, measurement would be appropriate to confirm the situation.

As certainty about levels of exposure declines, the need for this measurement will increase. Measurement identifies the scale of the problem so that an appropriate response can be made. An indication of exposure can often be given by simple tests, (eg indicator tubes, dust lamps). Sometimes detailed measurements will need to be taken. The Health & Safety Team can give further guidance.

Always take into account conditions or circumstances which could give rise to the greatest exposures, ie 'worst-case' situations.

In the case of substances hazardous by ingestion or absorption through the skin, biological monitoring (ie measuring bodily uptake by analysing biological samples eg of blood and urine) may be needed.

## **Draw conclusions about the risks to health**

*When might there be grounds for concluding exposure is **not** a risk to health?*

Sometimes, even without taking measurements, there are reasonable grounds for reaching this conclusion.

- ⇒ quantities or rate of use of the substances are too small to constitute a risk under foreseeable circumstances of use, even if controls broke down.
- ⇒ operations are strictly in accordance with well documented information in which suppliers give valid assurances that the operation/process will not give rise to health risks.
- ⇒ previous measurements have been taken of the process, including 'worst-case' situations which confirm that exposure is not a risk to health at any time and conditions are demonstrably still the same.

It must be remembered that when undertaking assessments, day-to-day exposure may not constitute a health risk, but failure of the control measures could result in serious risk. The assessment must address these risks.

*When might exposure constitute a risk to health?*

Unacceptable risks to health exist if exposure:

- ☞ occurs in situations where it is reasonably practicable for it to be prevented
- ☞ is inadequately controlled

(In either situation, immediate corrective action is required).

The following are examples of where exposure is very likely to constitute a risk to health and to require investigation and remedial action:

- ☞ evidence of fine deposits on people or surfaces; eg wood dust on surfaces in a technical classroom
- ☞ fumes or particles visible in the air (eg in light beams); eg in welding booths
- ☞ broken, clearly defective or badly maintained control measures; eg fans not working
- ☞ an absence of, or departure from, recognised good practice, eg through poor management or lack of supervision
- ☞ complaints of discomfort or excessive odour
- ☞ If ill health linked to exposure has been reported or detected during health surveillance

The following are examples of exposures that could present increased future risks to health and they are all reasonably foreseeable;

- ☞ undetected deterioration in performance of control measures, eg lack of routine emptying of dust collection bags at woodworking machines results in release of wood dust to workroom
- ☞ plant or system failure
- ☞ failure to use control measures properly
- ☞ changes in methods of work
- ☞ human error through lack of awareness

When evaluating risks to health it should be borne in mind that there can be other risks associated with substances hazardous to health, eg flammability.

When all the risks from substances hazardous to health have been evaluated it will be necessary to determine what control measures are appropriate and implement them.

### **STEP 3**

#### **DETERMINE AND IMPLEMENT CONTROL MEASURES**

At this stage assessment should have reached decisions on what the problems are. The next stage is to decide what is to be done about them. Complete the assessment by considering the precautions that are necessary in the light of the risks. If the risks are significant now or could foreseeably become so, then further precautions are required.

Not all problems can be solved immediately and priorities for action will be required. Deciding priorities involves a mixture of the following:

- ☞ what are the most serious risks to health?
- ☞ what are the risks that are likely to occur soonest?
- ☞ what are the risks that can be dealt with soonest?

The most important of these is the seriousness of the risk. If a risk is serious it should be dealt with immediately. Less important matters should not assume greater priority merely because they can be dealt with more easily or occur more quickly.

When deciding on control measures to be used the following will have to be considered:

- ☞ Selection of measures to prevent or control exposure
- ☞ Maintenance of control measures
- ☞ Ensuring control measures are used
- ☞ Plans for emergencies
- ☞ Monitoring exposure
- ☞ Health Surveillance
- ☞ Information, instruction and training for employees

#### **Selection of measures to prevent or control exposure**

The following hierarchy of control measures should be considered when prevention or control of exposure to hazardous substances is required.

- ☞ Elimination
- ☞ Substitution
- ☞ Modification of the task
- ☞ Engineering control measures, eg Local Exhaust Ventilation
- ☞ Personal Protective Equipment PPE, only as a last resort.

### ➤ **Elimination**

Does the task have to be undertaken or can it be eliminated entirely, eg by redesigning the wider aspects of the work. For example, items that may have been fabricated In-house may be brought in thus eliminating the need for welding and the hazards associated with that activity.

### ➤ **Substitution**

Can the substances be replaced with a less hazardous substance, eg replacing bleach with non-bleach based products.

### ➤ **Modification of the task**

If the task cannot be eliminated, can it be modified to reduce the inherent risks, for example, could nuts and bolts or screws substitute for welding or solvent adhesives. The suitability of the final arrangement has to be taken into consideration when making this decision.

### ➤ **Engineering Control Measures**

Even if modifications can be made to reduce the risk, there is likely to be some residual risk that still must be controlled. The first option then is to employ an engineering solution. Mechanical exhaust ventilation for example, to remove toxic fume at source, rather than providing the operator with a mask.

### ➤ **Personal Protective Equipment**

Only when these options have been carefully considered and implemented so far as is reasonably practicable, is it appropriate to consider PPE.

The basic philosophy to adopt is to aim to provide a safe and healthy place of work rather than encase a worker in all sorts of paraphernalia in an attempt to make him a safe person. Reasons for adopting this approach include:

➤ PPE only protects the person wearing it, not others round about who may be at risk.

➤ Theoretical levels of protection from PPE are rarely attained

➤ PPE may introduce additional, unrelated problems in the work.

### ➤ **Maintenance of control measures**

Subsequent maintenance commitments should also influence choice of methods. Do not select any controls for which there are not enough resources or expertise to keep them going properly. Personal protective equipment, especially respiratory protection, needs a big back-up in training, supervision and maintenance if it is to provide the intended level of protection. Incorrect choice, fitting or insufficient use can render it ineffective.

## ➤ **Ensuring control measures are used**

Essential in virtually every case are:

- arrangements to ensure that all control measures are properly and fully used. The clear allocation of managerial responsibilities and accountabilities is particularly important in this respect
- periodic checks and arrangements to make sure that any defects in control measures are reported and put right promptly
- arrangements for maintenance of all measures, which includes timetables and schedules for periodic examination and test of engineering controls and items of respiratory protective equipment
- systems for keeping records of examinations and tests. COSHH requires that these are kept for at least five years.

## ➤ **Plans for emergencies**

The following aspects are particularly relevant in planning for emergency actions:

- people and equipment available to minimise quantities released and to contain what has been lost;
- emergency procedures and training;
- safe methods for disposal of the substance and contaminated equipment;
- sufficient suitable personal protective equipment and planned working procedures;
- means for decontamination of skin and personal protective equipment.

## ➤ **Monitoring exposure**

Monitoring the exposure of employees to dangerous substances will be required in certain cases and the need for this must be considered in assessment.

Monitoring the exposure of employees to a substance is not the same as measuring the amount in the environment. The latter can give information on the likely sources of exposure which can be very useful in helping to identify the priorities for control measures. But measuring environmental levels does not necessarily measure the amount that is actually breathed in or absorbed and it is this which determines the risk of ill health occurring.

Monitoring is required when:

- the consequences of a failure in control are severe
- you cannot otherwise be confident that adequate control is being achieved.

Monitoring should not be done purely for monitoring's sake. When setting up a monitoring regime it should be established what results will indicate a satisfactory state of affairs.

## ➤ **Health Surveillance**

Health surveillance is required in certain cases.

As with exposure monitoring it is a selective requirement and the need is dependent on the individual circumstances. There must be a reasonable likelihood that the disease or ill-effect associated with exposure will occur in the workplace concerned.

Just because there is some exposure does not mean to say that health surveillance is automatically required. If assessment is able to conclude confidently that control measures will prevent the occurrence of adverse effects, then there is little to be gained through health surveillance.

If it is concluded that health surveillance is necessary, then the form it will take can vary considerably, from simple record keeping to medical monitoring. In general, the greater the likelihood of adverse effects and the more serious their nature, the more sophisticated the surveillance will be.

The Health and Safety Team's Occupational Health Adviser can be contacted in any cases of uncertainty.

## ➤ **Information, instruction and training for employees**

This is particularly important. Without the informed and competent participation of employees, any measures concluded in assessment are unlikely to be fully effective.

COSHH requires that employees know:

- the risks to health created by exposure
- the precautions which should be taken
- the results of any monitoring
- collective results of any health surveillance

The aim is to provide employees with information that is in a form most appropriate to their immediate needs.

The extent of information, instruction and/or training that is required will be dependent on the nature of the individual situation.

For employees who work under a minimum of supervision, the provision of suitable and sufficient information, instruction and training is especially important.

## **STEP 4**

### **RECORD THE ASSESSMENT**

Make a record of the assessment unless it could very easily be repeated and explained at any time because it is simple and obvious, or the work is quite straightforward and low risk, is going to last only a very short time, and the time taken to write it down would be disproportionate.

Record sufficient information to show why decisions about risks and precautions have been arrived at. The information recorded should be useful and meaningful to those who need to know about it, both now and in the future. Pro-formas for undertaking COSHH assessments are available and could be adapted to suit individual Service needs. See Appendix 3.

## **STEP 5**

### **REVIEW THE ASSESSMENT**

When should this be done?

Whether or not there is any real change in the situation there is an absolute requirement to review the situation on a regular basis.

The review interval is not specified in the Regulations, but the COSHH Approved Code of Practice recommends a period no longer than five years. Obviously the higher the potential risk and the greater the likelihood of change the shorter the review period should be.

The assessment must be reviewed at regular intervals and immediately:

- ☞ if there is any reason to suppose that the original assessment is no longer valid
- ☞ if any of the circumstances of the work should change significantly

The requirement is for review of the assessment. This does not mean that the whole assessment process will have to be repeated at each review. The first purpose of review is to see if the existing assessment is still suitable and sufficient. If it is, then it is not necessary to do any more.

If it appears that the assessment is no longer valid, it does not mean the whole assessment has to be revised. Only those parts of it that do not reflect the new situation need amendment.

### **Reasonably Practicable**

A number of COSHH requirements are subject to reasonable practicability.

'Reasonably practicable' has a specific meaning in law. However, deciding what is or is not reasonably practicable depends on individual circumstances and cannot be subject to standard formulae.

'Reasonably practicable' is essentially a matter of balancing the degree of risk against the time, trouble, cost and physical difficulty of the measure necessary to avoid it. Clearly the greater the risk the more reasonable it is to do something about it; and vice versa. It is important to remember that the judgement is driven by the risk and not the size or financial position of the employer concerned. Finding the balance is a matter of informed judgement.

## REQUEST FOR INFORMATION

Dear Sirs

### **Request for information on substances for use at work**

Substance

Catalogue/Ref. Number:

Process

Please supply a copy of any hazard sheets or other information relevant to the use of the above substance. In particular the following information is required to enable us to make an assessment of the hazards of this substance.

1. List of chemical components.
2. Occupational exposure limits for each component.
3. Details of any known synergistic reactions with other substances.
4. Recommended precautions for handling and storage.
5. Recommended procedures in the event of emergency, eg fire, spillage or toxicity.
6. Results of any relevant tests, eg flammability, explosibility or toxicity.
7. Any hazard that research or experience in the use of this substance has indicated may arise.
8. Any information on measured levels of exposure of operators using the substance.

In addition to the current information we would request you to advise us of any new information on this substance which may become available in the future.

Yours faithfully,

**SUBSTANCE IDENTIFICATION RECORD**

Substance Name		Record Number	
Synonyms			
Ingredients		Occupational Exposure Limit	Date
Physical Properties			
Supplier(s)		Hazard Data Sheet	
		Available From	
		Requested (Date)	
		Received (Date)	

**COSHH ASSESSMENTS - SUMMARY SHEET**

**1 ASSESSMENT DETAILS**

Assessor's Name:		Dept:
Assessor's Contact:		
Assessment Ref:	Date Complete:	Review Date:

**2 TASK DESCRIPTION**

--

**3 INFORMATION OBTAINED FROM:**

Name:	Position:	Location:

**4 CLASS OF PERSONS INVOLVED/AFFECTED BY TASK eg. Cleaners**

--

**5 SUMMARY OF CONCLUSIONS (continue on separate sheet if required)**

--

**6 SUMMARY OF RECOMMENDATIONS**

--

**COSHH ASSESSMENTS - STEP 1 - Gathering Information**

**7 SUBSTANCES USED OR FORMED DURING TASK**

**Reference:**

Substance Name	Chemical Constituents	Occupational Exposure Limit ie. OES or MEL	Hazard Data Sheet ( Y or N )

**8 OBSERVATIONS ON TASK (include storage, use, handling, transport and disposal) & OTHER POTENTIAL HAZARDS (eg. flammability)**

**COSHH ASSESSMENTS - STEP 1&2 - Gathering Information & evaluate risks to health**

**9 ASSESSMENT**

See separate key to complete below

<b>Reference:</b>
-------------------

Group/ individual at risk	Substance name	Nature of hazard (effect)	Route of entry	Ways of exposure could occur	How often does exposure occur? eg. daily	How long is exposure? eg. hours

Quantities used	Control measures	Are control measures used?	Training provided	Ways of exposure could occur	Conclusions about risk

Additional information:
-------------------------

**COSHH ASSESSMENTS - STEP 3 - Determine & Implement Control Measures**

**10 SELECTION OF MEASURES TO PREVENT OR CONTROL EXPOSURE TO SIGNIFICANT RISKS**

**Reference:**

Group/ individual at risk	Substance name	Selection of measures to prevent or control exposure					Other considerations ( Y,N, N/A )		
		Elimination	Substitution	Modification of task	Engineering controls	PPE (only as last resort)	Monitoring exposure	Health surveillance	Information, instruction & training

**11 MAINTENANCE, EXAMINATION AND TEST OF CONTROL MEASURES (where applicable)**

**12 USE OF CONTROL MEASURES (how are checks made and by whom?)**

**13 EMERGENCY PLANS**

**14 RECOMMENDATIONS (include reasons for choice of control measures - continue on separate sheet if required)**

**COSHH ASSESSMENTS - STEP 4 - Record the Assessment**

The information collated in Sections 1 - 14 including the Recommendations should be sufficient for the purposes of recording the assessment. The information recorded should show why decisions about risks and precautions have been arrived at.

Have Sections 1 - 14 been completed?

YES

NO

If you have answered 'NO', check the assessment so far and complete as appropriate.

**COSHH ASSESSMENTS - STEP 5 - Review the Assessment**

Is the original assessment still valid?

YES

NO

Are the work procedures still the same?

YES

NO

Next review date (carry forward to summary sheet)

**COSHH ASSESSMENTS - Guidance on Steps 1 and 2**

**SECTION 9 - ASSESSMENT**

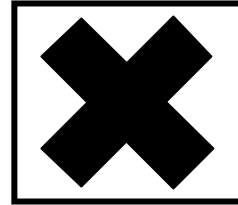
**Nature of Hazard (effects)**



Very Toxic (VT)



Toxic (T)



(H)  
Irritant (I)  
Sensitising (S)



Corrosive (Co)

Dust (D)

Carcinogen (Ca)

Micro-organism (M)

**Possible routes of Entry (or contact) with body**

Inhalation (I)

Ingestion (Ing)

Skin absorption (Sk)

Skin or eye contact (C)

Injection via sharps (Inj)

**Ways Harmful Exposure could occur**

**WD** Work with it directly

**V** In the vicinity of where it is used or is present in the environment

**AR** In the vicinity of an accidental release or spillage

**ES** Enter an enclosed space where it might be present

**DD** Disturb deposits of the substance on surface and make them airborne

**CC** Wear contaminated clothing or protective equipment

**CS** Come into contact with contaminated surfaces

**SPO** Have substances passed on to them from someone else.

**O** Some other way - expand on under 'Additional Information'.

**COSHH ASSESSMENTS - Guidance on Steps 1 and 2****SECTION 9 - ASSESSMENT****How often does Exposure Occur?**

Hourly (H)    Daily (D)    Weekly (W)    Monthly (M)    Annually (A)

**How long is each exposure?**

Write the time in hours and minutes eg. 2H 30M for two and a half hours.

**Quantities used (or produced)**

Use appropriate measures eg. litres, volumes.

**Control Measures (include test frequency)**

eg. **LEV** Local Exhaust ventilation

**PPE** Personal Protective Equipment identify type eg. gloves, goggles, footwear.

**Are Control Measures used:**

All the time            **A**

Most of the time        **M**

Some of the time        **S**

Only occasionally        **O**

**COSHH ASSESSMENTS - Guidance on Steps 1 and 2**

**SECTION 9 - ASSESSMENT**

**Training Provided**

All Staff            **(All)**

Most Staff         **(Most)**

Some Staff        **(Some)**

None                **(None)**

Not Applicable   **(N/A)** where exposure is to non-employee (eg. member of public)

**Conclusions about Risks**

Insignificant      **(I)**

Significant        **(S)**

Unsure             **(U)**

If conclusions are anything but insignificant then progression to **COSHH Assessment Step 3 Determine and Implement Control Measures** is required.





**COSHH ASSESSMENT PROCEDURE**

