
















	<h1 style="margin: 0;">COSHH Risk Assessment No: XXXXX</h1> <p style="margin: 5px 0 0 0;">Product Name: XXXXX</p>	INSERT LOGO
Company name:		Dept. (if applicable):
Describe the activity or work process. <i>(Inc. how long/ how often this is carried out and quantity substance used)</i>		
Location of process being carried out?		
Identify the persons at risk:	Employees <input type="checkbox"/>	Sub-contractors <input type="checkbox"/> Public <input type="checkbox"/>
Name the substance involved in the process and its manufacturer. <i>(A copy of a current safety data sheet is attached to this assessment)</i>		
Classification <i>(state the category of danger)</i>		
	<input type="checkbox"/> Toxic	
	<input type="checkbox"/> Harmful/ Irritant	
	<input type="checkbox"/> Corrosive	
	<input type="checkbox"/> Gas Under Pressure	
	<input type="checkbox"/> Dangerous for the environment	
Hazard Type		
<input type="checkbox"/> Gas	<input type="checkbox"/> Vapour	<input type="checkbox"/> Mist
<input type="checkbox"/> Fume	<input type="checkbox"/> Dust	<input type="checkbox"/> Liquid
<input type="checkbox"/> Solid	<input type="checkbox"/> Other (State) _____	
Route of Exposure		
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Inhalation	<input type="checkbox"/> Skin	<input type="checkbox"/> Eyes
<input type="checkbox"/> Ingestion	<input type="checkbox"/> Other (State) _____	
Workplace Exposure Limits (WELs) <i>please indicate n/a where not applicable</i>		
State the Risks to Health from Identified Hazards		

Control Measures:			
Is health surveillance or monitoring required? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Personal Protective Equipment <i>(state type and standard)</i>			
 <input type="checkbox"/> Dust mask		 <input type="checkbox"/> Visor	Suitable for chemical splashes
 <input type="checkbox"/> Respirator		 <input type="checkbox"/> Goggles	
 <input type="checkbox"/> Gloves		 <input type="checkbox"/> Overalls	
 <input type="checkbox"/> Footwear		 <input type="checkbox"/> Other	
First Aid Measures			
Storage			
Disposal of Substances & Contaminated Containers			
Hazardous Waste <input type="checkbox"/> Skip <input type="checkbox"/> Return to Depot <input type="checkbox"/> Return to Supplier <input type="checkbox"/> Other <input type="checkbox"/> (If Other Please State): _____			

Is exposure adequately controlled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Risk Rating Following Control Measures		
High <input type="checkbox"/>	Medium <input type="checkbox"/>	Low <input type="checkbox"/>

Assessed by:	Date:	Review Date:
--------------	-------	--------------