

Logo	<b>Control of Substances Hazardous To Health (COSHH) Assessment Discussion Form</b>	<b>Doc Ref #:</b> XYZ/IMS/QHSE/F/00 <b>Issue Date:</b> DD-MM-YYYY <b>Rev #:</b> 00 Page 1 of 2
	<b>QHSE FORMS</b>	
	<b>Organization Name</b>	

<b>Site/ Area Name</b>		<b>Assessment Date</b>		<b>Next Assessment</b>	
<b>Substance Name</b>					
<b>Prepared By</b>		<b>Approved By</b>			

Chemicals & Hazards	Effects & Affected People	Controls		Who will check?	When will check?	Date Discussed
		Existing Controls	Additional Controls			
Chemical 1						
Chemical 2						
Chemical 3						
Chemical 4						
Chemical 5						

Additional Requirements			
<b>Examination &amp; Test</b>		<b>Training, Information and Monitoring</b>	
<b>Supervision</b>		<b>Emergency Plan</b>	
<b>Health Monitoring/ Surveillance</b>		<b>Emergency Equipment Needed</b>	

<b>Prepared By</b>	<b>Approved By</b>

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