

COSHH ASSESSMENT FORM

| Name of hazardous substance: |
|---|
| Where used: |
| How is the substance used? |
| Identified hazards |
| List the main hazards here e.g. skin irritants; corrosives. |
| |
| Note. Refer to the hazards on the label or in Section 2 or 15 of the Material Safety Data Sheet (MSDS). |
| If there are other hazardous properties list them here, e.g. flammable. |
| |
| |
| How exposure occurs. |
| |
| |
| Identify how exposure may occur, e.g. via the skin, eyes, ingestion or inhalation. |
| Required controls |
| What controls are in place? |
| |
| |
| Note. Refer to precautions on the label or Section 2 or 15 of the MSDS. If you're using materials where health surveillance is required or the process generates significant to the process generates and the process generates significant to the process generates and the process generates are process generates and the process generates are process generates and the process generates are processed to the process generates and the process generates are processed to the process generates and the process generates are processed to the process generates and the process generates are processed to the process generates and the process generates are processed to the process generates and the process generates are processed to the process generates and the process generates are processed to the process generates and the process generates are processed to the process generates |
| hazardous fumes requiring atmospheric monitoring record it here. |

| | how how your work processes minimize the release and spread of hazardous substances .g. that LEV is performing as per its specification. |
|-------|---|
| N | ew risks |
| | |
| C | Check and confirm that new risks won't be introduced. |
| N | Maintenance of controls |
| Η | ow are controls maintained? |
| | |
| | |
| | ist maintenance, such as log book entries for respirator checks, service records of extracentilation systems, etc. |
| E | limination/substitution of the hazardous substance |
| R | ecord actions you can take if any: |
| | |
| Α | re additional controls required? |
| V | /hat else is necessary? |
| | |
| L | ist additional actions e.g. training, improve ventilation, etc. |
| Α | ssessment completed by: |
| D | ate: |
| F | urther action completed by: |
| _ | osition: Date: |