**EEE TASK-BASED COSHH ASSESSMENT FORM**

Reference no: Effective Date:

(Assigned by DSO)

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| --- |
| Task under assessment: |
| Location: |
| **Overall risk rating =** |
| Summary: |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Detailed description of task and work practice information: | | | | | | | | | |
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| **Hazard information:** | | | | | | | | | |
| Commercial name of substance(s): | | | |  | | | | | |
| Supplier details: | | | |  | | | | | |
| Hazardous substances in use/contained within products used. Full chemical names (acronyms may be indicated) required including CAS number: (include any available workplace exposure limits from EH40/2005) | | | |  | | | | | |
| Associated Hazard and Precautionary statements per hazardous substance: | | | | | | | | | |
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| Supplier material safety data sheet (MSDS) available? | | | | YES  NO  (suppliers should be contacted if any data sheets are more than 5 years old) | | | | | |
| **HAZARD RATING:** (highlight as necessary) | | | | Negligible (1 )/ low (2) / medium(3) / high (4)/ very high (5) | | | | | |
|  | | | | | | | | | |
| **Exposure information:** | | | | | | | | | |
| Physical form of substance: | | | |  | | | | | |
| Approximate amount of material used (per working day): | | | |  | | | | | |
| Maximum quantity handled at **ANY** point in the procedure | | | |  | | | | | |
| Who might be exposed to the hazardous substance(s): | | | |  | | | | | |
| Potential routes of exposure: | | | |  | | | | | |
| Potential consequences of exposure: | | | |  | | | | | |
| Frequency of use: | | | | | | | | | |
| Daily  Monthly | | | Weekly  Infrequently | | | | | Other: please specify | |
| Approximate daily duration of exposure: | | | | | | | | | |
| Less than 30 mins  2 – 4 hrs | | | 30 mins – 1 hr  4 – 8 hrs | | | | | 1 – 2 hrs  More than 8 hrs | |
| Location of task: | | | | | | | | | |
| Outside  Confined space | | | Inside – poorly ventilated  Inside – well ventilated | | | | | Other: please specify | |
| Any additional activities that could increase exposure potential (such as maintenance): | | | |  | | | | | |
| Any at-risk groups or individuals to be aware of: | | | |  | | | | | |
| **POTENTIAL EXPOSURE RATING:** (highlight as necessary) | | | | Negligible (1 )/ low (2) / medium(3) / high (4)/ very high (5) | | | | | |
| Hierarchy of control measures: | | | | | | | | | |
| Can the substance be eliminated or a less hazardous alternative used? (if not, explain why) | | | |  | | | | | |
| Existing engineering controls: | | | |  | | | | | |
| Personal Protective Equipment: | | | | | | | | | |
| Eye/face protection? **(State type/class required)**    Protective clothing? **(State type/class required)** | | | | | Protective gloves?  **(State type/class required)**    Masks/respirators?  **(State type/class required)** | | | | |
| Details of instruction / information / training provided to employees: | | | |  | | | | | |
| Other control measures: | | | |  | | | | | |
| Details of any exposure monitoring: | | | |  | | | | | |
| Details of any health surveillance required: | | | |  | | | | | |
| Other precautions and emergency procedures: | | | | | | | | | |
| Any specific storage precautions (include quantities held on site): | | | |  | | | | | |
| Any specific release, spillage, fire or disposal precautions: | | | |  | | | | | |
| **RESIDUAL EXPOSURE RATING:** (highlight as necessary) | | | | Negligible (1 )/ low (2) / medium(3) / high (4)/ very high (5) | | | | | |
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| **OVERALL RISK RATING (hazard rating x resid. exposure rating) =**  Negligible (1-2) Low (3-9) Medium (10-15) High (16-20) Very high (25) | | | | | | | | | |
| Any further action required: | | | |  | | | | | |
| Assessed by: | |  | | | | Reviewed by: | | |  |
| Date assessed: | |  | | | | Date reviewed: | | |  |
| Review before: | |  | | | | Next review: | | |  |
| Date reviewed: | |  | | | | Reviewed by: | | |  |
| Review before: | |  | | | | Next review: | | |  |
| Date reviewed: | |  | | | | Reviewed by: | | |  |
| Review before: | |  | | | | Next review: | | |  |
| Date reviewed: | |  | | | | Reviewed by: | | |  |

Departmental Log and instructions (please e-mail completed form to [eee-coshh@sheffield.ac.uk](mailto:eee-coshh@sheffield.ac.uk) )

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| Logged by: |  |
| Date Logged |  |
| Departmental comments |  |

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| **User (print name)** | **User signature** | **User signoff date** | **Supervisor signature** | **Supervisor signoff date** |
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