**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) |
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| **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 )

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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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