**Logo_01_USETHISONE** **OBUHSN-19: APPENDIX 5**

**COSHH ASSESSMENT FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of School or Directorate** | | | | | | |  | | | | |
| **Substance Name** | | | | | | | **W.E.L.** | | | | |
| Hazard information Flash Point | | | | | | | | | | | |
| **Activity or Process** | | | | | | | | | | | |
| **Quantity used in Process** | | | | | | **Length of Exposure** | | | | | |
| **How often is the substance used** | | | | | | | |  | **Hazard type** | |  |
| **Daily** | **Weekly** | | **Monthly** | | **Other (specify)** | | |  | **Gas/Vapour** | |  |
|  |  | |  | |  | | |  | Aerosol |  |  |
| Open Working Environment | | | | | | YES NO | | | **Dust** | |  |
|  | | | |  | |  | | | **Liquid** |  |  |
| Enclosed Working Environment | | | | | | YES NO | | | Solid | |  |
|  | |  |  |  | |  | | | **Other (specify)** | |  |
| **Nature of the Hazard** | | | |  | |  | | |  |  |  |
|  | |  |  |  | |  | | |  |  |  |
| **Inhalation** | | | **Absorption** | | | **Injection** | | | | **Eye Contact** | |
|  | | | | | | | | | | | |
| **Other (specify)** | | | | | | | | | | | |
| **Control Measures in Place or Required** | | | | | | | | | | | |
| **Health Surveillance Required** | | | | | | **YES** | | | **NO** |  |  |
| **First Aid Requirements** | | | | | | | | | | | |
| Containment and Fire Fighting Actions | | | | | | | | | | | |
| Fire | | | | | | | | | | | |
| Spillage | | | | | | | | | | | |
| Reference Data | | | | | | | | | | | |
| Assessed by | | | | | | Date of Assessment | | | | | |
| **Reassessment Date** | | | | | | | | | | | |