**** **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** |