##### **Risk Assessment - Appendix 4**

**Control of Substances Hazardous to Health (COSHH)**

Please complete and return the following checklist to your line manager if you use substances or materials that may be hazardous to health and safety while working at home. If significant risks are identified from the checklist a full COSHH assessment may need to be carried out. Please complete a separate form for each product used.

|  |  |  |
| --- | --- | --- |
| **Product name:-** | Yes | **No** |
| 1. Is there a symbol on the product that indicates it is
* Flammable
* Toxic
* Corrosive
* Harmful
* Irritant
1. Does it give off fumes?
2. Is it stored safely?
3. Do you have any reason to believe a member of your household is or could be adversely affected by the substance/material being used?
 |  |  |

|  |  |
| --- | --- |
| **Name:** |  |
| **School/Directorate:** |  |
| **Date:** |  |
| **COSHH Assessment required?** |  |