Health & Safety Services

# UR Device OutlineCOSHH safety assessment form (CRA1) v2.0

This form can be used to assess hazardous chemical substances that can adversely affect human health (COSHH). Specialist risk assessments will be needed for gases, or biological hazards. Please contact H&S Services for advice via [safety@reading.ac.uk](mailto:safety@reading.ac.uk).

## 1.Activity and substance

|  |  |
| --- | --- |
| **Assessment Reference No.** |  |
| **Title of task** |  |
| **School/Function** |  |
| **Description of task/use in order of workflow** |  |
| **Name of product/substances used or generated, CAS number if known.** |  |
| **Supplier** |  |
| **Arrangements to access safety data sheets supporting this assessment** |  |

## 2.Hazard information of substance/product used or generated

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Hazard classification pictogram  (See Safety Data Sheet) | Logo, icon  Description automatically generated | Icon  Description automatically generated | A picture containing text, clock, sign, watch  Description automatically generated | A picture containing text, sign, turn, clipart  Description automatically generated |
| Gases will require a separate specialised assessment | A picture containing text, sign  Description automatically generated | **Icon  Description automatically generated** | Icon  Description automatically generated | A picture containing text, sign, vector graphics  Description automatically generated |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Hazard Code** | **Hazard statement** | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
|  |  | | | | | |
| **Entry into body** | Inhalation | Injection | Skin | Eye | Ingestion |
| **Severity of harm** | | minor | moderate | significant | severe |

## 3.Workplace exposure limits

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Does the substance have a Workplace exposure limit (WEL) as ppm or mg/m3** | No | | | Yes, then complete TWA and STEL | | |
| **TWA** (exposure over 8hrs) | | | **STEL** (exposure over 15mins) | | |
| **If yes– contact your local H&S coordinator or H&S Services for further advice.** | | | | | | |
| **Biological Monitoring Guidance Value** | No  Yes | **If yes, the requirement for Biological Monitoring should be discussed with the Occupational Health Service** | | | | |
| **Flammability/Explosion limits?** | No | | | | | |
| Yes | **Lower limit** |  | | **Upper limit** |  |
| **If yes– contact your local H&S coordinator or H&S Services for further advice.** | | | | | | |

**4.Potential for Exposure before controls applied**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Quantity being used? | | Small  e.g. milligrams or millilitres | | Medium  e.g. <1Kg /1 Litre | | Large  e.g. >1kg/1 Litre | |
| Form | **Solids** | Low e.g. pellet-like solids that don’t break up or create much dust | | Medium e.g. crystalline, granular material, settles quickly | | High e.g. dusts or powders forming clouds in the air for minutes | |
| **Liquid volatility**  (section 9 of the SDS) | Low volatility  e.g. boiling point >150C | | Medium volatility  e.g. boiling point 50-150C | | High volatility  e.g. boiling point <50C | |
| **Vapour, fume, mist** |  | |  | | High | |
| Task frequency | | Monthlye.g. once a month or less | | Weekly e.g. once a week or less | | Daily e.g. more than twice a week | |
| Task duration | | <1 hour each use | | 1-2 hrs each use | | >2 hrs each use | |
| Task location | | inside poorly ventilated | | inside well ventilated | | outside | |
| Exposure likelihood before controls applied | | Very unlikely | Unlikely | | Possible | | Likely |
| Severity of harm  *from section 2 of this form* | | Minor | Moderate | | Significant | | Severe |
| Risk to health before controls applied | | Low | Medium | | High | | Very High |

## 5.Persons at risk

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Worker (staff or student) | Other persons working in the area e.g. staff, students, visitors | Others visiting the area e.g. maintenance, cleaners, contractors | | |
| Does this substance present an additional risk to new or expectant mothers? | | | Yes | No |
| Does this substance represent an additional risk to young persons (under 18yrs) | | | Yes | No |
| **If “yes” has been answered to either of the two questions above, please detail how this risk will be controlled.** | | | | |
|  | | | | |

## 6.Control measures to reduce risk of exposure

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Could this substance be substituted with a substance with less harmful or safer physical properties or could a safer form of the same substance be used?** | | | | Yes  No | | |
| **Please justify why this substance/form is being used if a safer alternative is available?** | | | |  | | |
| **Could the quantity or concentration of be reduced further?**  *Substances with the following H-codes should be reduced to as low as reasonably practical: carcinogens (H50, H351), mutagens (H340, H341), reproductive toxins (H360, H361, H362), sensitisers (H334) and asthmagens (H304), STOTs (H370, H371, H372, H373)* | | | | Yes No. Not sure  If yes or not sure, what can be done? | | |
| **Engineering controls required**  For substances that cause harm when breathed in  **NB** If substance has a WEL and is used without LEV detail how exposure will be controlled to fall below the WEL |  | | | **Type** | | |
| Local exhaust ventilation | | |  | | |
| Isolation/containment | | |  | | |
| Do not use in enclosed spaces | | |  | | |
| General ventilation | | |  | | |
| Other | | |  | | |
| **Personal protective equipment**  \*Selection of respiratory protection must be confirmed by your H&SC or H&SS.  # Wearer must be clean shaven when used |  | | | **Specify type** | | |
| Skin/Body | A picture containing text, clipart  Description automatically generated | |  | | |
| Eye/Face |  | |  | | |
| Respiratory protection.\* | Circle  Description automatically generated | |  | | |
| Hand |  | |  | | |
| Foot | Icon  Description automatically generated | |  | | |
| **Other control measures/good working practices required?** | 1.  2.  n. | | | | | |
| **Hygiene measures** | Wash hands after use  Do not eat/drink/smoke when using this substance/product  Other …. | | | | | |
| **Training**  (State what this should be) | 1.  2.  3.  n. | | | | | |
| **Occupational health surveillance required for this substance?** | No | | | | Yes | |
| **Type of surveillance** (contact your local HSC initially) | | | | | |
| **Exposure likelihood after controls applied** | Very unlikely | | Unlikely | | Possible | Likely |
| **Severity of harm**  *from section 2 of this form* | Minor | | Moderate | | Significant | Severe |
| **Risk to health after controls applied** | Low | | Medium | | High | Very High |

## 7.Storage & transportation

|  |  |
| --- | --- |
| **How should the substance by safely stored?** |  |
| **Where is the substances stored ?** | area of use within the building ,  another area within the building,  external store on site,  other |
| **If stored away from the work area, what additional control measures are needed during movements?**  Where relevant, also for off-site movements. | This is any additional controls required from those used in the regular work area. e.g. different PPE, use of bunded trolleys or secondary containment. |

## 8.Waste

|  |  |
| --- | --- |
| **Procedure for disposal of waste**  Please consult CoP-48 Hazardous Waste |  |

## 9.Emergency procedures

|  |  |  |
| --- | --- | --- |
| **Minor spill**  (substance is known, quantity is small, appropriate spill kit locally available, responder is trained)  Please consult CoP-55 Spill Management |  | |
| **Major spillage**  (minor spill criteria not reached, or, someone is hurt, an explosion, a spill in communal area, local arrangements are not sufficient, or if appendix 3 of CoP-55 applies)    Please consult CoP-55 Spill Management |  | |
| **First aid** | Skin contact/ absorption/ injection |  |
| Inhalation |  |
| Eye contact |  |
| Ingestion |  |
| **Special fire-fighting measures required?** | Carbon dioxide  Water  Powder  Fire blanket  Other…. | |
| **Other measures e.g. environmental?** |  | |

## 10.Assessment of remaining residual risk

|  |  |  |
| --- | --- | --- |
| **Is the risk from this substance controlled as far as reasonably practicable?** | | Yes No Not sure |
| **If no or not sure, what further action is required**  **(including by whom and start/end date)** | 1 |  |
| 2 |  |
| 3 |  |

## 11.Risk assessment completed by:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:** |  | | |
| **Date:** |  | | |
| **Date for next review:** |  | | |
| **Risk assessment reviewed by** |  | Date |  |
| **Sign to confirm risk assessment is fit for purpose (if not please produce a revised assessment)** |  | | |
| **Date for next review:** |  | | |
| **Risk assessment reviewed by** |  | Date |  |
| **Sign to confirm risk assessment remains fit for purpose** |  | | |
| **Date for next review:** |  | | |
| **Risk assessment reviewed by** |  | Date |  |
| **Sign to confirm risk assessment remains fit for purpose** |  | | |

## 12.Risk assessment read/trained to and understood by:

|  |  |  |
| --- | --- | --- |
| **Name** | **Date** | **Signature** |
|  |  |  |
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