

COSHH Assessment



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|--------------|--|--------------------|--|
| Product Name | | Date of Assessment | |
|--------------|--|--------------------|--|

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| Brief Description of the Product or Task | General use of pesticides in order to eradicate pest infestations. |
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| Who is at risk from exposure to this product? | EPM Staff <input type="checkbox"/> Client Personnel <input type="checkbox"/> Public <input type="checkbox"/> Others <input type="checkbox"/> |
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| Means of Exposure | Inhalation <input type="checkbox"/> Skin Contact <input type="checkbox"/> Eye Contact <input type="checkbox"/> Ingestion <input type="checkbox"/> Injection <input type="checkbox"/> |
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| Types of Workplace or locations the substance will be used | Customer Premises <input type="checkbox"/> Internal Areas <input type="checkbox"/> External Areas <input type="checkbox"/> Baiting Stations <input type="checkbox"/> In Building Voids <input type="checkbox"/> Cavities <input type="checkbox"/> Confined Spaces <input type="checkbox"/> |
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| Frequency of Use | This product is likely to be used on an ad hoc basis within locked tamperproof baiting stations. |
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Hazard Identification

| Product Name | Composition | Concentration | Colour |
|--------------|-------------|---------------|--------|
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| Is this substance Highly Inflammable? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|------------------------------|--|
| Is this substance Corrosive? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|---|--|
| Is this substance an Irritant or Harmful? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|------------------------------|--|
| Is this substance Explosive? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|--------------------------|---|
| Is this substance Toxic? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Not an SGAR |

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| Is this substance an Oxidiser? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|---|--|
| Is this substance harmful to the Environment? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|---------------------------------|--|
| Is this substance Carcinogenic? | |
| | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> |

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|---|--|
| First Aid requirements should any persons fall from exposure to this product. | <p>Inhalation:</p> <p>Skin contact:</p> <p>Eye contact:</p> <p>Ingestion:</p> |
| Fire Fighting Measures | |
| Spillages and response to Spillages | |
| Handling and Storage Measures | <p>Precautions for safe handling:</p> <p>Conditions for safe storage -</p> <p>Incompatible materials:</p> <p>Instructions as regards storage premises:</p> |
| Exposure Controls (Engineering Measures)) | |
| Exposure Controls (Procedural Controls) | |


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| Does This product require Eye Protection? | |
|---|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Safety Goggles: CE-P-EN-166F |


| Does This product require Hand Protection? | |
|--|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Gloves: EN 388-50-511 EN 374-3 |


| Does This product require Respiratory Protection? | |
|---|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> As per MSDS, no special respiratory protection req'd |

| Does This product require Protective Clothing? | |
|--|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Coveralls: RPCBSR40 + EN-344/4 |

| Does This product require Foot Protection? | |
|--|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Boots: EN-345-1:1993 |

| Does This product require Head Protection? | |
|---|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Not Required |

| Does This product require Hearing Protection? | |
|---|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Not Required |

| Does This product require Fall Arrest/Harness Protection? | |
|--|---|
|  | Yes <input type="checkbox"/> No <input type="checkbox"/> <i>Comments:</i> Not Required |

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| Existing Safety Measures and Controls | Using the correct PPE Adopting all aspects of this COSHH Assessment All staff to be briefed on the information extracted from the Material Safety Data Sheets |
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| Additional Control Measures | Ongoing Training and Supervision |
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Management Agreement

All risk levels have been reduced as low as is reasonably practicable (ALARP), and the activity has been approved.

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| Assessors Name: | | Assessors Signature |
| Assessors Title | | |
| Assesment Date | | |

| | | |
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| Reviewed | Date | Notes |
| Reviewed | Date | Notes |

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|------------------------|--|--|---|
| Link to MSDS and Label | |  Defenda_Non_Toxic_MSDS.pdf |  Defenda_Non_Toxic_Label.pdf |
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