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| **Assessment Reference Number:** | ***Insert local numbering system if applicable*** |
| **Date of Assessment :** |  |
| **Review Date:***Annually as standard or more frequently if (see examples below):**Change to process or substance Changes in personnel (vulnerability)**Control measures are failing Following an incident/accident/case of ill health**Changes in toxicity information/revised MSDS Changes in frequency/quantity used* |  |
| **Building / Laboratory / Work Area:**  |  |
| **COSHH Assessors Name:** | ***Use CAPITAL Letters here*** |
| **Identify the persons carrying out the process / using this/these substance(s)** | ***Use CAPITAL Letters and include Students*** |
| **Who is likely to be exposed?** **(circle as appropriate)** | Staff and/orStudent(s) | Visitors | Maintenance | Other Groups***Give details*** |
| **How many people are likely to be exposed?****(circle as appropriate)** | 0-5 | 6-9 | >10 |
| **Any vulnerable or high risks groups likely to be exposed?****(circle as appropriate)** | Young Person(staff or student under 18) | Pregnant Workers(staff or student) | Other Groups***Give details*** |
| **Process details*:*** |
| ***NB: If you are working with micro-organism(s) or biological agents please refer to the*** [**Microbiology Risk Assessment**](file:///C%3A%5CUsers%5Csd382%5CAppData%5CLocal%5CMicrosoft%5CWindows%5CTemporary%20Internet%20Files%5CContent.Outlook%5C5BZKU81A%5CTemplate_RA_for_Microbes.docx) ***for information.*** ***If working with Nano-materials please refer to the* Working Safely with Nanomaterials in Research & Development *guidance document******For work with chemicals continue completing this form.*** |
| ***Describe the process including the product(s)/substance(s) being assessed (this section should include reaction pathway if appropriate). Please include quantities and where the work will be taking place.*** |

| **What products/substances are being used in the process?** |
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| **Products / Substance(s) in process** | **Hazard or Risk phrases defined for this product in the Material Safety Data Sheet** | **Red, Amber, Green, Blue, Pink (R,A,G,B,P)**  | **What form is this hazard?** | **Quantity Used / Stored?** | **Length of Time Used?****(Duration)** | **How often is it used? (Frequency)** | **Is there a Workplace Exposure Limit for this product / substance?** |
| ***Product / Substance*** ***Name***  | ***e.g. Corrosive*** ***and give risk / hazard phrase R14/R38*** | ***Insert all that apply*** | Gas |  |  | ***Minutes Hours*** | ***Daily******Weekly Monthly*** | ***Please list*** |
| Liquid |  |
| Vapour |  |
| Fume |  |
| Solid/Powder/ Dust |  |
| ***Product / Substance*** ***Name***  | ***e.g. Corrosive*** ***and give risk / hazard phrase R15(H261) / R38 (H315)*** | ***Insert all that apply*** | Gas |  |  | ***Minutes Hours*** | ***Daily******Weekly Monthly*** | ***Please list*** |
| Liquid |  |
| Vapour |  |
| Fume |  |
| Solid/Powder/ Dust |  |
| ***Product / Substance*** ***Name*** | ***e.g. Corrosive*** ***and give risk / hazard phrase R15(H261) /******R38 (H315)*** | ***Insert all that apply*** | Gas |  |  | ***Minutes Hours*** | ***Daily******Weekly Monthly*** | ***Please list*** |
| Liquid |  |
| Vapour |  |
| Fume |  |
| Solid/Powder/ Dust |  |
| ***Product / Substance*** ***Name*** | ***e.g. Corrosive*** ***and give risk / hazard phrase R15(H261) /******R38 (H315)*** | ***Insert all that apply*** | Gas |  |  | ***Minutes Hours*** | ***Daily******Weekly Monthly*** | ***Please list*** |
| Liquid |  |
| Vapour |  |
| Fume |  |
| Solid/Powder/ Dust |  |
| **Product / Substance** **Name** | ***e.g. Corrosive*** ***and give risk / hazard phrase R15(H261) /******R38 (H315)*** | ***Insert all that apply*** | Gas |  |  | ***Minutes Hours*** | ***Daily******Weekly Monthly*** | ***Please list*** |
| Liquid |  |
| Vapour |  |
| Fume |  |
| Solid/Powder/ Dust |  |

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| **STOP CHECK AND CONSIDER THE NEXT QUESTION CAREFULLY** |
| **Can product(s) / substance(s) be substituted?** | **Y/N** | **Describe the options and the elimination / substitution process** |
| **Can you eliminate any of the substances?** |  |  |
| **Can you substitute any of the substances with less hazardous products?** |  |  |
| **Are any of the substances being mixed?** |
| **Number of substances being mixed** |  | **Highest risk (RAG) of the substances to be mixed?** |  | **OVERALL RISK OF THE SUBSTANCE**(S) (without control measures in place) | **RED****AMBER****GREEN** |
| **NB: Treat overall assessment as highest risk (RAG)** |
| **Is the process likely to create new hazards or enhance any existing hazards e.g. producing a violent or highly exothermic reaction, toxic fumes, by-products etc.?** | **Y / N** |
| **If Yes, detail any additional control measures that need to be in place** |  |
| **What are the risks of fire and/or explosion etc.?** |
| **Is there a risk of fire?** | **Y / N** |
| **Is there a risk of explosion?** | **Y / N** |
| **Is there a risk of toxic fumes?** | **Y / N** |
| **Is there any other associated fire related risk with this process?** | **Y / N** |
| **If Yes to any of the above, detail any additional control measures that need to be in place.** | ***Insert the type of extinguishing equipment to be used in case of fire (e.g. water, CO2 etc.)*** |
| ***NB: A separate risk assessment may be also required in accordance with the Dangerous Substances and Explosive Atmospheres Regulations (DSEAR).*** |
| **What are the health effects?** |
| **Possible route of entry into the body?** | **Detail the health effects? *(refer to the Material Safety Data Sheet)****Consider both short-term and long-term health effects where applicable* |
| **Ingestion** | **Y / N** |  |
| **Inhalation** | **Y / N** |  |
| **Contact e.g. skin** | **Y / N** |  |
| **Absorption e.g. eyes, nose, mouth, skin** | **Y / N** |  |
| **What are the first aid requirements: *(consult the MSDS for details)*** |
| **Ingestion**  |  |
| **Inhalation**  |  |
| **Contact e.g. skin** |  |
| **What are the required controls measures?** |
|  | **Describe the arrangements** |
| **Enclosed System e.g. glove box** | **Y / N** |  |
| **Fume Cabinet** | **Y / N** |  |
| **Extractor / Hood / Local Exhaust Ventilation** | **Y / N** |  |
| **Ventilation / Air Change***(If unknown seek advice from EDS/Campus Services)* | **Y / N** |  |
| **Biological Safety Cabinet** | **Y / N** |  |
| **Sensors and / or alarms** | **Y / N** |  |
| **Personal Protective Equipment** *(see details below)* | **Y / N** |  |
| **Other:** | **Y / N** |  |
| **What are the PPE requirements *(in addition to the standard issue laboratory coat)***  |
| **Eye Protection** | **Respiratory Protection** | **Face protection** | **Gloves** | Helmet Symbol Sign**Hard Hat** | **Ear Defenders**  | **Safety footwear** | **Outer layer** | **Apron** | **Other:** |
| **Y / N** | **Y / N** | **Y / N** | **Y / N** | **Y / N** | **Y / N** | **Y / N** | **Y / N** | **Y / N** | **Y / N** |
| **Describe the type / make/ model of PPE to be used – refer to the Material Safety Data Sheet(s) for guidance** |
| ***e.g. Safety glasses / goggles*** |  | ***e.g. Non UV resistant / UV resistant*** | ***e.g. Nitrile / Latex*** |  |  | **e.g. toe protection / sole protection** |  |  |  |
| **STOP CHECK AND CONSIDER THE USE OF PERSONAL PROTECTIVE EQUIPMENT (PPE) CAREFULLY** |
| Where Respirators (inc. FFP2 or 3 disposable masks) are required - face fit tests can be arranged for staff and students? Consult your Supervisor for advice or contact Safety@exeter.ac.uk to book an appointment.Are there any Health Surveillance requirements to be considered? Consult your Supervisor for advice and guidance or contact occupationalhealth@exeter.ac.uk to book an appointment |
| **What actions to be taken in the event of spillage(s) and/or other emergency situations?** |
| ***NB: Refer to Material Safety Data Sheet(s) for guidance*** |
| **Small Quantity**  | ***Consider spillages of single substances and mixed substances in both instances*** |
| **Large Quantity** |  |
| **Do you have correct spill kit provisions to deal with spills (should they occur)?** | **Y / N** |
| **Are there any other emergency situations (*not referenced above*) to be considered?** | **Y / N** |
| **If Yes, detail any additional control measures that need to be in place** |  |
| **What are the storage requirements for substances used during this process?** |
| ***NB: Refer to Material Safety Data Sheet(s) for guidance*** |
| **Are there any specific storage requirements for substances?***(Is there a maximum recommended volume/quantity to be stored in one place or a specific temperature, type of cabinet, segregation etc.?)* | **Y / N** |
| **If Yes, detail the storage arrangements that need to be in place*****Refer to Material Safety Data Sheet(s) for guidance*** |  |
| **How should the substances used be disposed of?***(include environmental impacts and by-products in your explanation if appropriate)* |
| ***NB: Refer to Material Safety Data Sheet(s) for guidance***  |
|  |
| **What are the management arrangements i.e. Training, SOP’s, Communication etc.?** |
| **How will this risk assessment be communicated?**(*i.e. how will staff/students be informed of this assessment?)* |
| ***Consider what information, instruction and training provided e.g. local induction, mandatory training etc.*** |
| **Are Safe Systems of Work (SSW) / Standard Operating Procedure (SOP) needed for this product/task/process in addition to this risk assessment?** | **Y / N** |
| **If Yes, detail / append the SSW and/or the SOP if applicable** |  |
| **Are training requirements necessary and who will provide this?** | **Y / N** |
| **If Yes, detail any specialist training required to undertake this process and who will provide said training** |  |
| **Are there any remaining (residual) risks to be operationally managed?** | **Y / N** |
| **If Yes, detail any specific risks to be considered (e.g. pregnancy, vulnerable people, etc.)?** |  |
| **Actions** |
| ***Use the table below to record actions to be taken if additional control measures*** ***are needed to meet the requirements of this risk assessment (identified above)*** |
| **No.** | **Action *(describe)*** | **By Who?** | **Target Date** | **Date Completed** |
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| **OVERALL RISK RATING OF THIS PROCESS (with control measures in place)** |
| **RED** | **HIGH RISK** | **Control Measures Cannot be Implemented - Refer to Supervisor – Do Not Proceed** |
| **AMBER** | **MEDIUM RISK**  | **Partial Control Measures Implemented - Further Controls Required- Refer to Supervisor – Do Not Proceed** |
| **GREEN** | **LOW RISK** | **All Control Measures Implemented - Assessor to sign the risk assessment, Approver can then complete their sections once satisfied that the process/task etc. can proceed** |

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| **Approval Process** |
| **COSHH Assessors Signature:** |  |
| **Assessors Name:** | ***Use CAPITAL Letters here*** |
| **Date:** |  |
| **Confirmation received that all actions have been completed and the required control measures are in place:**  | **Yes / No** |
| **Process Supervisors Name:*****e.g. Principal Investigator, Line Manager*** | ***Use CAPITAL Letters here*** |
| **Approval Date:** |  |
| **Confirmation that a copy is stored locally with the Laboratory Manager:** | **Yes / No** |

**NB:** Keep a copy of this risk assessment for your own records