|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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/or  Student(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:\Users\sd382\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\Content.Outlook\5BZKU81A\Template_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?** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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](mailto: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](mailto: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