



COSHH Assessment Form

COSHH	002
Issue	1
Date	01.11.2018

SUBSTANCE INFORMATION

Substance / Material: _____ **Trade Name (Other Name):** _____

(Duplex) Silicone Spray HC8015

Task Description; What is the substance to be used for, how is it encountered? (e.g. Cleaning floors, protective coating. Etc):

Aerosol Lubricant










Does the Chemical/ Substance have a :

Work Place Exposure Limit? (State Opposite)

Yes No

Hydrocarbons – WEL – 1100ppm TWA – 8hrs
2200ppm – 15min STEL

Substance : (Check for an orange 'CHIP' symbol on the product data sheet or packaging.)


- | | | | |
|---|---|---|--------------------------------------|
|  | <input type="checkbox"/> Explosive? |  | <input type="checkbox"/> Corrosive? |
|  | <input type="checkbox"/> Extremely Flammable? |  | <input type="checkbox"/> Harmful? |
|  | <input type="checkbox"/> Highly Flammable? |  | <input type="checkbox"/> Irritant? |
|  | <input type="checkbox"/> Oxidising? |  | <input type="checkbox"/> Toxic? |
| | |  | <input type="checkbox"/> Very Toxic? |

Substance : (Check for a 'REACH' symbol on the product data sheet or packaging.)

- | | | | |
|---|---|---|---|
|  | <input type="checkbox"/> Danger |  | <input type="checkbox"/> Compressed or liquefied gas |
|  | <input checked="" type="checkbox"/> Flammable |  | <input checked="" type="checkbox"/> Aquatic Toxicity |
|  | <input type="checkbox"/> Oxidiser |  | <input checked="" type="checkbox"/> Warning |
|  | <input type="checkbox"/> Explosive |  | <input type="checkbox"/> Sensitiser, carcinogen, mutagen or teratogen |
|  | <input type="checkbox"/> Corrosive | <input type="checkbox"/> Others | <input type="checkbox"/> |

Is the Substance Hazardous to Health when:








- | | | |
|---|---------------------------------------|---|
| <input checked="" type="checkbox"/> In contact with skin? | <input type="checkbox"/> Breathed in? | <input type="checkbox"/> Other? (Specify below) |
| <input checked="" type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed? | |

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USE OF SUBSTANCE

How should the Substance be used? (E.g. Diluted in Water, applied with a brush, sprayed, etc.) Used according to manufacturer's instructions.
Estimation of the duration of the work and exposure. Regularity of Use? (E.g. State Quantities and use as appropriate, etc.) Occasional use – limited periods.
Who is exposed to the Substance? (E.g. Those using it, Station Staff, public, etc.) Engineering Staff
Does the Substance present additional risks to certain groups or individuals? (E.g Young People.) No.

CONTROL MEASURES

Can a less Hazardous Substance be used to do the same job? If so give details below, and reasons why this substance is used.		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
What controls are required for this substance, other than PPE? (E.g. Well Ventilated, not in spray form, etc.) Used according to manufacturer's instructions.		
Is any Personal Protective Equipment (PPE) Required when using the Substance?		
 <input checked="" type="checkbox"/>	Eye Protection? Tightly fitting safety goggles. Ensure eye bath is to hand.	 <input checked="" type="checkbox"/>
 <input checked="" type="checkbox"/>	Overalls/Clothing? Impermeable protective clothing.	 <input type="checkbox"/>
 <input type="checkbox"/>	Visor? (State Type Required)	 <input type="checkbox"/>
 <input checked="" type="checkbox"/>	Other? Ensure there is sufficient ventilation of the area.	
How should the Substance be stored? (E.g. Locked Cupboard, away from other substances, etc.) Store in a cool, well ventilated area. Keep away from sources of ignition. Keep away from direct sunlight.		
Have persons using this substance been provided with information or training on its use? (As a minimum ensure a copy of this assessment is in a known and readily accessible location.)		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Full training provided to all site staff.		



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OTHER PRECAUTIONS AND EMERGENCY PROCEDURES

Spillages : How should an accidental release/ spillage of this substance be dealt with?

Absorb into dry earth or sand. Transfer to a closable, labelled salvage container for disposal by an appropriate method. Do not use equipment in clean-up procedure which may produce sparks. Wash the ground with an appropriate self-emulsifying solvent.

First Aid : What actions should be taken if the Substance is :

a) Swallowed?

Wash out mouth with water. Do not induce vomiting. If conscious, give half a litre of water to drink immediately.

b) In Contact with Eyes?

Bathe the eye with running water for 15 minutes.

c) In Contact with Skin?

Wash immediately with plenty of soap and water.

d) Inhaled?

Move to fresh air in case of accidental inhalation of vapours.

e) Other

Fire Precautions : What actions should be taken in the event of fires involving this substance?

Alcohol or polymer foam. Carbon dioxide. Dry chemical powder. Use water spray to cool containers.

Chemical Reactions: Is there any other substance that this substance must not come into contact with?


Stable under normal temperature conditions.


Disposal: How should the substance be disposed of (or not disposed of)?

Dispose of waste and residues in accordance with local authority requirements.

Health Surveillance : Do staff using the substance require any health surveillance

N/A.

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ASSESSMENT OF RISK		
Are all the controls detailed above currently in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
If these controls are not in place or additional controls are required, state action to be taken. Please note - COSHH substances must NOT be used if adequate control measures are not in place.		
Remedial actions required	Date for completion	
None.	N/A.	
Are hazards to health adequately controlled with all control measures in place?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Assessor(s) Name:	Assessor(s) Signature:	Date of Assessment:
A Wessen		01.11.2018
Remedial actions Complete: (Date)	Assessor(s) Signature:	Reviewed on: (Date)

Risk Assessment Review					
Review Date:		Review Date:		Review Date:	
Name:		Name:		Name:	
Position:		Position:		Position:	
Signature:		Signature:		Signature:	

A copy of the product safety data sheet must be attached to this assessment

See attached COSHH Data Sheet