



COSHH Assessment Form

COSHH	006
Issue	1
Date	01.11.2018

SUBSTANCE INFORMATION

Substance / Material: Duplex Detex **Trade Name (Other Name):**

Duplex Detex

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

Detergent






Does the Chemical/ Substance have a :

Work Place Exposure Limit? (State Opposite) Yes No










2-BUTOXYETHANOL
- WEL - 49ppm TLV - 8hrs
20ppm - 15min STEL

POTASSIUM HYDROXIDE
- WEL - - TLV - 8hrs
2mg/m3 - 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 type="checkbox"/> Flammable |  <input type="checkbox"/> Aquatic Toxicity |
|  <input type="checkbox"/> Oxidiser |  <input type="checkbox"/> Warning |
|  <input type="checkbox"/> Explosive |  <input type="checkbox"/> Sensitiser, carcinogen, mutagen or teratogen |
|  <input checked="" type="checkbox"/> Corrosive | Others <input type="checkbox"/> |

Is the Substance Hazardous to Health when:








- In contact with skin? Breathed in? Other? (Specify below)
- In contact with eyes? 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? Wear airtight goggles (ref. standard EN 166).	 <input checked="" type="checkbox"/>
 <input checked="" type="checkbox"/>	Overalls/Clothing? Wear category II professional long-sleeved overalls and safety footwear	 <input type="checkbox"/>
 <input type="checkbox"/>	Visor?	 <input type="checkbox"/>
 <input type="checkbox"/>	Other?	

How should the Substance be stored? (E.g. Locked Cupboard, away from other substances, etc.) Keep only in the original container. Store in a well ventilated place, away from sources of ignition. Keep container tightly closed. Keep the product in clearly-labelled containers Avoid overheating.
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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 staff.	



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OTHER PRECAUTIONS AND EMERGENCY PROCEDURES

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

Vacuum the spilt product into a suitable container. Evaluate the compatibility of the container to be used by checking section 10. Soak up any remaining product with inert absorbent material.

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

a) Swallowed?

Make the patient drink as much water as possible. Get immediate medical advice/attention. Do not induce vomiting unless directed to do so by medical personnel.

b) In Contact with Eyes?

Remove contact lenses, if present. Wash immediately with plenty of water for at least 30/60 minutes whilst opening the eyelids. Get immediate medical advice/attention.

c) In Contact with Skin?

Remove/take off immediately all contaminated clothing. Shower immediately. Get immediate medical advice/attention.

d) Inhaled?

Get immediate medical advice/attention. Remove victim to fresh air, away from the accident scene. If breathing stops, provide artificial respiration. Take suitable precautions for rescue workers.

e) Other

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

Vacuum the spilt product into a suitable container. Evaluate the compatibility of the container to be used by checking section 10. Soak up any remaining product with inert absorbent material.

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


There are no particular risks of reaction with other substances under normal conditions of use.


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:	1.11.2019	Review Date:		Review Date:	
Name:	K Scott	Name:		Name:	
Position:	MD	Position:		Position:	
Signature:		Signature:		Signature:	

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

See attached COSHH Data Sheet