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| **BRADFORD COUNCIL COSHH RISK ASSESSMENT** **CHEMICALS FORM (CRA1)**  |

**COMPLETE THIS RISK ASSESSMENT IN FULL BEFORE ALLOWING ANYONE TO USE THIS SUBSTANCE**

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| 1. To complete this risk assessment, you will first need to get the Product Safety Data Sheet. You can get this by contacting the supplier / manufacturer as they are legally required to give you this. The information you require to assist in complete this risk assessment will be included on it.
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| **IS THERE A SAFER SUBSTANCE WHICH COULD BE USED INSTEAD?** | **YES** **[ ]  / NO** **[ ]  (If yes – then use safer alternative)****ALTERNATIVE SUBSTANCE NAME:**  |
| **PRODUCT NAME BEING USED:(If different to above)** |  |
| **MANUFACTURER:**  |  |
| **CONTACT DETAILS:** |  |
| **A1. HAZARD IDENTIFICATION (Please tick all that apply)** |
| **EXPLOSIVE** | [ ]  | **FLAMMABLE** | **[ ]**  | **RESPIRATORY SENSITISER incSERIOUS HEALTH RISK**  | **[ ]**  |
| **CORROSIVE** | [ ]  | **OXIDISING** | **[ ]**  | **GAS UNDER PRESSURE** | **[ ]**  |
| **TOXIC** | **[ ]**  | **HARMFUL** | **[ ]**  | **DANGEROUS FOR THE ENVIRONMENT** | **[ ]**  |
| **IF THE PRODUCT HAS ANY OF THE WARNING SYMBOLS ABOVE – YOU MUST COMPLETE THIS RISK ASSESSMENT FORM** |

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| **B. PRODUCT INFORMATION**  |
| **B1. PRODUCT APPEARANCE (Please complete the relevant boxes)** |
| **SOLID** | **[ ]**  | **PASTE** | **[ ]**  | **POWDER** | **[ ]**  | **GAS** | **[ ]**  |
| **AEROSOL** | **[ ]**  | **LIQUID** | **[ ]**  | **COLOUR?** |       |
| **AROMA/FRAGRANCE?** |       |
| **B2. PRODUCT USE** |
| **PRODUCT USERS (job title & number of users at risk):** |  |
| **PRODUCT USED FOR:** |  |
| **HOW MUCH PRODUCT IS USED EACH TIME:** |  |
| **HOW IS PRODUCT USED (e.g.: sprayed / poured)** |  |
| **FREQUENCY OF EXPOSURE (number of times per day / number of days per week)** |  |
| **LENGTH OF EXPOSURE: (minutes / hours)** |  |
| **IS THERE A WORKPLACE EXPOSURE LIMIT (WEL)** |  |
| **IS MONITORING OF EXPOSURE REQUIRED** |  |
| **HOW WILL MONITORING BE CARRIED OUT** |  |
| **COULD OTHERS BE AFFECTED?****YES / NO** | **If Yes, please explain how and controls required** |

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| **C. HARMFUL EFFECTS AND FIRST AID PROCEDURES** |
| **EYES:**  |       |
| **FIRST AID:** |       |
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| **SKIN:** |       |
| **FIRST AID:** |       |
|  |
| **INHALATION** |       |
| **FIRST AID:** |       |
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| **INGESTION:** |       |
| **FIRST AID:** |       |

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| **D. CONTROL MEASURES / SAFE SYSTEM OF WORK** |
| **SPECIFY THE LOCAL / ON SITE PRECAUTIONS REQUIRED TO ENSURE THE PRODUCT IS USED SAFELY** |
|       |
| **SPECIFY THE PROTECTIVE EQUIPMENT / PPE REQUIRED FOR HANDLING AND USING THE PRODUCT SAFELY** |
|       |
| **LOCAL / ON SITE STORAGE ARRANGEMENTS** |       |
| **DISPOSAL PROCEDURE (for substance, packaging, container, spillage)** |       |
| **SPILLAGE AND DISPOSAL PROCEDURE:** |       |
| **INFORMATION / INSTRUCTION / TRAINING (what training is required before product is used)** |       |
| **HEALTH SURVEILLANCE REQUIRED** | **YES [ ]  / NO [ ]** **If Yes contact Employee Health and Wellbeing and arrange surveillance program**  |
| ALL USERS MUST REPORT TO THEIR MANAGER ANY HEALTH PROBLEMS OR CONCERNS THEY EXPERIENCE WHICH MAY BE THE RESULT FROM USING HAZARDOUS PRODUCTS. A REFERRAL TO EMPLOYEE HEALTH & WELL BEING SERVICE MAY BE APPROPRIATE |

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| **E. FIRE SAFETY Note – Ensure the details below are recorded on the fire risk assessment**  |
| **SPECIFY THE FIRE PRECAUTIONS REQUIRED WHEN USING & STORING THIS PRODUCT** |       |
| **SPECIFY SUITABLE EXTINGUISHING MEDIA (Do NOT tackle fires unless it is safe to do so)** | **Water:** **[ ]  CO²:** **[ ]  Foam:** **[ ]  Dry Powder:** **[ ]**  |

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| **F. EMERGENCY PROCEDURES** |
| **CONFIRM ACTIONS REQUIRED AND LOCAL ARRANGEMENTS IN PLACE IN THE EVENT OF AN EMERGENCY** |       |

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| **G. DOCUMENT LINKS**  |
| **LINKS TO OTHER RISK ASSESSMENTS AND OR SAFE SYSTEMS OF WORK**  |       |

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| **ASSESSMENT SIGN OFF AND REVIEW**  |
| **ASSESSMENT COMPLETED BY:** |       |
| **JOB TITLE** |       |
| **DATE** |       |
| **REVIEW DATE AND COMMENTS** |       |
| **REVIEW DATE AND COMMENTS** |       |
| **REVIEW DATE AND COMMENTS** |       |
| **REVIEW DATE AND COMMENTS** |       |
| **REVIEW DATE AND COMMENTS** |       |

 **Assessments should be reviewed regularly (at least annually), when advice or method of use or constituents change or following an incident. For further information, please contact your line manager.**

**For additional support and guidance on COSHH procedures, please see the Occupational Safety Team website** [**www.bradford.gov.uk/hands**](http://www.bradford.gov.uk/hands) **or contact the team**

**Occupational.Safety@bradford.gov.uk**

**PLEASE ENSURE THAT THIS COSHH RISK ASSESSMENT IS MADE**

**AVAILABLE TO ALL USERS OF THIS PRODUCT**

Reviewed September 2021