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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 inc SERIOUS 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:** |  |
|  | |
| **SKIN:** |  |
| **FIRST AID:** |  |
|  | |
| **INHALATION** |  |
| **FIRST AID:** |  |
|  | |
| **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** | |
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| **SPECIFY THE PROTECTIVE EQUIPMENT / PPE REQUIRED FOR HANDLING AND USING THE PRODUCT SAFELY** | |
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| **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** |  |
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**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**](mailto:Occupational.Safety@bradford.gov.uk)

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

**AVAILABLE TO ALL USERS OF THIS PRODUCT**

Reviewed September 2021