

BASIC COSHH RISK ASSESSMENT TEMPLATE

COMPANY DETAILS










Company Name:		Assessment Date:	
Department:		Assessor Name:	

SUBSTANCE DESCRIPTION

**Please attach substance SDS*

Product Name:			
Substance ID/ CAS No:			
Manufacturer/Supplier:			
Location of process:			
Quantity used:	Per Day:	Per Week:	Per Month:
List of materials: (Complete if substance is a mixture)	Material Name:	Quantity present:	
Description of activity/ work being carried out:			
Persons at risk:	Employees:	Contractors:	Public:

CLASSIFICATION

								
Gas under pressure	Explosive	Oxidising	Flammable	Corrosive	Health hazard	Acute toxicity	Serious health hazard	Hazardous to the environment

Hazard Type: (If other, please specify in space below)								
	Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other

Routes of Exposure: (If other, please specify in space below)	Inhalation Skin Eyes Ingestion Other
	(Empty space for specifying other routes)

WORKPLACE EXPOSURE LIMIT (WELs)









Material Name:	Long-term exposure level (8hrTWA):	Short-term exposure level (15 mins):

IDENTIFIED RISKS TO HEALTH

Hazard Statement:	(Empty space for hazard statement)
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Control Measures:	First Aid Measures:
(Empty space for control measures)	(Empty space for first aid measures)

PPE (state type and standard)

	Dust		Visor
	Respirator		Goggles
	Gloves		Overalls
	Footwear		Other

STORAGE & DISPOSAL

Handling and Storage:	Disposal Method:

RISK RATING

Risk Rating following Control Measures: (Include relevant comments or explanations)	Extreme	Very High	High	Medium	Low

ASSESSOR COMMENTS

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SIGN-OFF

Assessed by:	
Date:	
Review date:	