

CONTROL OF SUBSTANCES HAZARDOUS TO HEALTH

COSHH ASSESSMENT CHECKLIST

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CHECK-LIST FOR THE CONTROL OF SUBSTANCES WHICH MAY BE HAZARDOUS TO HEALTH

QUESTION	ANSWERS/COMMENTS
1. Manufacturer/Supplier? Name and address	
2. Trade name of product?	
3. Main chemical ingredient?	
4. Other chemical components?	
5. Information from Data Sheet: Potential to cause harm? e.g. Toxic, Corrosive, Etc. Flammability? WEL specified Protective equipment recommended? (Specify) Storage handling and disposal arrangements	

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<p>5. Information from Data Sheet (continued)</p> <p>Emergency procedures Recommended</p> <p>First aid</p> <p>Fire</p> <p>Accidental release</p> <p>Routes of entering the body?</p> <p>Effects on body</p>	<p>Ingestion ! Absorption !</p> <p>Inhalation ! Injection !</p>
<p>6. Proposed application?</p>	
<p>7. By Whom is the product to be used?</p>	
<p>8. Does use foreseeably affect public or contractors</p>	
<p>9. How is the product used? (Brushing, spraying, mixing)</p>	
<p>10. Has consideration been given to a safer substitute?</p> <p>If yes, what substitutes were considered?</p>	

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<p>11. Has a safe system of work been established? - If 'yes' give details</p>	
<p>12. Precautions to be taken in its use? (Ventilation, etc.)</p>	
<p>13. What information, training or instruction is intended to be given to Supervisors and Operatives?</p>	
<p>14. Who will be responsible for supervising the use of the substance?</p>	

NAME OF DEPARTMENT :	
LOCATION	
NAME OF PERSON COMPLETING PART 1 : (BLOCK CAPITALS)	
SIGNATURE :	DATE :
DATE OF ASSESSMENT REVIEW	

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COSHH REGULATIONS
WORK METHOD STATEMENT

PRODUCT :

FOR USE BY :

WORK LOCATION :

METHOD STATEMENT

1.

2.

3.

4.

5.

6.