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| --- | --- | --- |
|  | **COSHH Risk Assessment No: 0****Product Name: Liquefied Phenol** |  |
| Company name: **Various Suppliers** | Dept. (if applicable): N/A |
| Describe the activity or work process.*(Inc. how long/ how often this is carried out and quantity substance used)* | **Used as a cleaning agent** |
| Location of process being carried out? | **Treatment areas** |
| Identify the persons at risk: | Employees**X** | Sub-contractors  | Public**X** |
| Name the substance involved in the process and its manufacturer.*(A copy of a current safety data sheet is attached to this assessment)* | **Liquefied Phenol****Various Suppliers** |
| Classification *(state the category of danger)* |
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|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| GHS-pictogram-explos.svg |  | Explosive | GHS-pictogram-flamme.svg |  | Flammable | GHS-pictogram-rondflam.svg |  | Oxidising |
| GHS-pictogram-bottle.svg |  | Gas under pressure | GHS-pictogram-acid.svg | **X** | Corrosive |  | **X** | Acute Toxic |
| GHS-pictogram-exclam.svg |  | Harmful / Irritant / Skin Sensitiser | Image result for new explosive COSHH hazard warning sign | **X** | Carcinogen / Germ Cell Mutagen / Reproductive Toxin | GHS-pictogram-pollu.svg | **X** | Hazardous to the Aquatic Environment |

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| Hazard Type |
| **X****X****X**  Gas Vapour Mist Fume Dust Liquid Solid Other (State) |
| Route of Exposure**X****X** |
| **X****X** Inhalation Skin Eyes Ingestion Other (State)  |
| Workplace Exposure Limits (WELs) *please indicate n/a where not applicable* |
| Long-term exposure level (8hrTWA): **Phenol 2ppm 7.8 mg/m3** | Short-term exposure level (15 mins):**4ppm 16mg/m3** |
| State the Risks to Health from Identified Hazards |
| **EC Classification:** **H301**: Toxic if swallowed. **H311**: Toxic in contact with skin. **H331**: Toxic if inhaled. **H314**: Causes severe skin burns and eye damage. **H341**: Suspected of causing genetic defects. **H373**: May cause damage to organs through prolonged or repeated exposure. Affected organs: kidney, liver, skin, nervous system. |
| Control Measures: |
| Use in well ventilated areas |
| Is health surveillance or monitoring required?**X** Yes **No**  |
| Personal Protective Equipment*(state type and standard)* |
| Dust mask |  | Visor |  |
| Respirator |  | Goggles | Eye protection must be worn |
| Gloves | Gloves must be worn | Overalls | Appropriate protective clothing required |
| **X**Footwear |  | Other |  |
| First Aid Measures |
| **Inhalation:**Move individual to fresh air. Seek medical attention if effects persist. Restore and/or support breathing as required**Skin:** Wash off immediately with soap and plenty of water. Continue flushing with plenty of water for at least 15 minutes. Remove all contaminated clothes and shoes. Immediate medical attention is required. Call a physician immediately.**Eyes:** Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes. Get medical attention if any discomfort continues.**Ingestion:** DO NOT induce vomiting. Give water to drink. Get medical attention immediately.  |
| Storage |
| **Storage:** Keep container tightly closed in a dry and well-ventilated place. Store at room temperature in the original container. Protect from light. Sensitive to light. Store in light-resistant containers. Store in a segregated and approved area. Store away from incompatible materials. **Incompatibilities to avoid**: Oxidizing agents. Metals. Acids. Bases. Isocyanates. nitrides. Acetaldehyde. amides. Formaldehyde. aliphatic amines.  |
| Disposal of Substances & Contaminated Containers |
|  **X****Hazardous Waste** Skip Return to Depot Return to Supplier Other(If Other Please State): |
|  |
| Is exposure adequately controlled?  | **X** **Yes** No |
| **Risk Rating Following Control Measures** |
| **X**HighMedium **Low** |

Assessed by: **Pete Reynolds** Date: Review Date: