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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COSHH Risk Assessment No:**  **Product Name:**  **Chemgene Surface Disinfectant** | | | | | | | | | | |  |
| Company name: **Medimark Scientific** | | | | | | | | 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 Surface Disinfectant** | | | | | | | | | |
| Location of process being carried out? | | | **All areas** | | | | | | | | | |
| Identify the persons at risk: | | | | Employees  **X** | | | | | Sub-contractors | | Public | |
| Name the substance involved in the process and its manufacturer.  *(A copy of a current safety data sheet is attached to this assessment)* | | | | **Chemgene Surface Disinfectant**  **PO Box 237 Sevenoaks TN15 0ZJ Tel 08452 223344** | | | | | | | | |
| Classification *(state the category of danger)* | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 |  | Corrosive |  |  | Acute Toxic | | GHS-pictogram-exclam.svg | **X** | Harmful / Irritant / Skin Sensitiser | Image result for new explosive COSHH hazard warning sign |  | Carcinogen / Germ Cell Mutagen / Reproductive Toxin | GHS-pictogram-pollu.svg |  | Hazardous to the Aquatic Environment | | | | | | | | | | | | | |
| 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): | | | | | | | Short-term exposure level (15 mins): | | | | | |
| State the Risks to Health from Identified Hazards | | | | | | | | | | | | |
| **EC Classification:**  **H319**: Causes serious eye irritation  **P264**: Wash … thoroughly after handling. **P280**: Wear protective gloves/protective clothing/eye protection/face protection. **P305+351+338:** IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do – continue rinsing. **P337+313**: If eye irritation persists get medical advice/attention. | | | | | | | | | | | | |
| 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 | | | | Avoid contact with eyes | | |
| Gloves | | Avoid contact with skin | | | | Overalls | | | |  | | |
| **X**      Footwear | |  | | | | Other | | | |  | | |
| First Aid Measures | | | | | | | | | | | | |
| **Inhalation:**    Remove from site of exposure into fresh air. Keep warm and at rest. Obtain medical attention immediately if breathing  shows signs of failing  **Skin:**  Immediately wash the skin thoroughly with plenty of clean water. If redness or irritation persists, obtain medical advice..  **Eyes:**  Immediately wash the eye with plenty of water for at least 10 minutes, holding the eye open. Remove from site of exposure. If redness or irritation persists, obtain medical advice. Protect uninjured eye.  **Ingestion:**  Wash out mouth with water. Do not induce vomiting. Obtain medical advice. | | | | | | | | | | | | |
| Storage | | | | | | | | | | | | |
| **Storage:**  Store in tightly-closed, original container in a dry, cool and well-ventilated place. Keep only in the original container. | | | | | | | | | | | | |
| 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: