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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COSHH Risk Assessment No:**  **Product Name: Granular Salt** | | | | | | | | | | |  |
| 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 water softener in dishwashers** | | | | | | | | | |
| Location of process being carried out? | | | **Kitchen Area** | | | | | | | | | |
| 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)* | | | | **Granular Salt**  **Various Suppliers** | | | | | | | | |
| 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**    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: Flammable**  S1/2 Keep locked up and out of the reach of children. | | | | | | | | | | | | |
| 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 | | | | Wear approved chemical safety goggles where eye exposure is reasonably probable. | | |
| Gloves | | For prolonged or repeated skin contact use suitable protective gloves. | | | | Overalls | | | |  | | |
| Footwear | |  | | | | Other | | | |  | | |
| First Aid Measures | | | | | | | | | | | | |
| **Inhalation**  Remove victim immediately from source of exposure. Move the exposed person to fresh air at once. Get medical attention if any discomfort continues.  **Ingestion**  Immediately rinse mouth and provide fresh air. Promptly get affected person to drink large volumes of water to dilute the swallowed chemical. Do not induce vomiting. If vomiting occurs, the head should be kept low so that stomach vomit doesn't enter the lungs. Get medical attention immediately!  **Skin contact**  Remove contaminated clothing immediately and wash skin with soap and water.  **Eye contact**  Promptly wash eyes with plenty of water while lifting the eye lids. Continue to rinse for at least 15 minutes and get medical attention. | | | | | | | | | | | | |
| Storage | | | | | | | | | | | | |
| Store in tightly closed original container in a dry and cool place. | | | | | | | | | | | | |
| 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: