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|  | **COSHH Risk Assessment No: 00****Product Name: 4.5G HAZ-TAB Tablets** |  |
| Company name: **Guest Medical Limited**  | 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 part of a spill kit** |
| 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)* | **4.5G HAZ-TAB Tablets****Guest Medical Limited Unit A6, Larkfield Trading Estate, New Hythe Lane, Aylesford. Kent. ME20 6SW** |
| 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 |  | 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 | **X** | Hazardous to the Aquatic Environment |

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| Hazard Type |
| **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): **10 mg/m3 inhalable dust 4.0 mg/m3 respirable dust** | Short-term exposure level (15 mins):(**as Chlorine) 0.5 ppm 1.5mg/m3 fume**  |
| State the Risks to Health from Identified Hazards |
| **EC** **H302** Harmful if swallowed. **H319** Causes serious eye irritation. **H335** May cause respiratory irritation. **H410** Very toxic to aquatic life with long lasting effects.**P271** Use only outdoors or in a well-ventilated area. **P273** Avoid release to the environment. **P280** Wear protective gloves/protective clothing/eye protection/face protection. **P301+P310** IF SWALLOWED; immediately call a doctor **P337+P313** If eye irritation persists: Get medical advice/attention. **P402+P404** Store in a dry place. Store in a closed container. **P501** Dispose of contents/container in accordance with local regulations.**P264** Wash hands thoroughly after handling. **P304+P340** IF INHALED: Remove person to fresh air and keep comfortable for breathing. **P305+P351+P338** IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. **P312** Call a doctor if you feel unwell **P391** Collect spillage **P403+P233** Store in a well-ventilated place. Keep container tightly closed. |
| 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 | Use in a well-ventilated area | Goggles |  |
| Gloves | No specific hand protection recommended. For prolonged or repeated skin contact use suitable protective gloves. | Overalls |  |
| Footwear |  | Other |  |
| First Aid Measures |
| **Inhalation**Move the exposed person to fresh air at once. Provide rest, warmth and fresh air.**Ingestion**Rinse mouth thoroughly. Get medical attention.**Skin Contact**Wash the skin immediately with soap and water. Get medical attention if irritation persists after washing.**Eye Contact**Make sure to remove any contact lenses from the eyes before rinsing. Promptly wash eyes with plenty of water while lifting the eye lids. Continue to rinse for at least 15 minutes. Get medical attention if any discomfort continues.  |
| Storage |
| Keep only in the original container in a cool, well-ventilated 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: