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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **COSHH Risk Assessment No:**  **Product Name: Formaldehyde, 10% Neutralized and Buffered** | | | | | | | | | | |  |
| 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 Laboratory Chemical** | | | | | | | | | |
| 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)* | | | | **Formaldehyde, 10% Neutralized and Buffered**  **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 | **X** | Corrosive |  |  | Acute Toxic | | GHS-pictogram-exclam.svg | **X** | Harmful / Irritant / Skin Sensitiser | Image result for new explosive COSHH hazard warning sign | **X** | 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):  **Formaldehyde 2 ppm**  **Methanol** **200 ppm** | | | | | | | Short-term exposure level (15 mins):  **Formaldehyde 2 ppm**  **Methanol 250 ppm** | | | | | |
| State the Risks to Health from Identified Hazards | | | | | | | | | | | | |
| **EC Classification:**  **R11** Highly Flammable **R20/21/22** Harmful by inhalation, in contact with skin and if swallowed. **R23/24/25** Toxic by inhalation, in contact with skin and if swallowed. **R34** Causes burns. **R36/37/38** Irritating to eyes, respiratory system and skin. **R39/23/24/25** Toxic: danger of very serious irreversible effects through inhalation, in contact with skin and if swallowed **R40** Possible risk of cancer. **R43** May cause sensitization by skin contact.  **H315** Causes skin irritation. **H317** May cause an allergic skin reaction. **H318** Causes serious eye damage. H350 May cause cancer. **H370** Causes damage to nervous system and eyes.  **P201** Obtain special instructions before use. **P202** Do not handle until all safety precautions have been read and understood. **P260** Do not breathe mist/vapours/spray. **P264** Wash thoroughly after handling. **P270** Do not eat, drink or smoke when using this product. **P272** Contaminated work clothing should not be allowed out of the workplace**. P280** Wear protective gloves/protective clothing/eye protection/face protection. **P305 + P351 + P338** IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing. **P310** Immediately call a doctor. **P302 + P352** IF ON SKIN: Wash with plenty of soap and water. **P333 + P313** If skin irritation or rash occurs: Get medical advice/attention. **P362** Take off contaminated clothing and wash before reuse. **P308 +** **P313** IF exposed or concerned: Get medical advice/ attention. **P405** Store locked up. **P501** Dispose of contents/container in accordance with local and national regulations. | | | | | | | | | | | | |
| 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 | | Ensure adequate ventilation | | | | 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 doctor 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.  Avoid oxidising agents | | | | | | | | | | | | |
| 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: