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|  | **COSHH Risk Assessment No: 0****Product Name: Meliseptol HBV Wipes** |  |
| Company name: **B. Braun Medical Ltd** | 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 disinfecting agent** |
| 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)* | **Meliseptol Rapid****B. Braun Medical Ltd** **Brookdale Rd, Sheffield S35 2PW** |
| Classification *(state the category of danger)* |
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| GHS-pictogram-explos.svg |  | Explosive | GHS-pictogram-flamme.svg | **X** | 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 |  | Carcinogen / Germ Cell Mutagen / Reproductive Toxin | GHS-pictogram-pollu.svg |  | Hazardous to the Aquatic Environment |

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| 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): **Propan-1-ol 200ppm 500 mg/m3** | Short-term exposure level (15 mins):**Propan-1-ol 250ppm 625 mg/m3** |
| State the Risks to Health from Identified Hazards |
| **EC Classification: Extremely Flammable** **R10** Flammable. **R11** Highly Flammable **R41** Risk of serious damage to eyes. **R67** Vapours may cause drowsiness and dizziness.**S16** Keep away from sources of ignition - No smoking. **S24** Avoid contact with skin. **S26** In case of contact with eyes, rinse immediately with plenty of water and seek medical advice. **S39** Wear eye/face protection**H318** Causes serious eye damage **H225** Highly flammable liquid and vapour. **H228** Flammable solid. **H336** May cause drowsiness or dizziness. **H400** Very toxic to aquatic life. **P210** Keep away from heat/sparks/open flames/hot surfaces. - No smoking. **P280** Wear protective gloves/protective clothing/eye protection/face protection. **P304+P340** IF INHALED: Remove victim to fresh air and keep at rest in a position 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. **P310** Immediately call a doctor. |
| 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 |  |
| **X**Respirator |  | Goggles | Eye protection must be worn if danger of splashing exists |
| Gloves | Gloves must be worn | Overalls |  |
| **X**Footwear |  | Other |  |
| First Aid Measures |
| **Inhalation:**Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing**Skin:** Wash off with soap and plenty of water. Consult a doctor if skin irritation persists.**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 plenty of water to drink. Get medical attention if any discomfort continues. |
| Storage |
| **Storage:** **Advice on safe handling**Ensure adequate ventilation. When using, do not eat, drink or smoke. Avoid contact with eyes, skin or mucous membrane.**Advice on protection against fire and explosion**Keep product and empty container away from heat and sources of ignition. Do not smoke. |
| 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: