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|  | **COSHH Risk Assessment No: 0****Product Name: MAXIMA GREEN NEUTRAL FLOOR CLEANER** |  |
| Company name: **MAXIMA TRADING 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 floor cleaning 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)* | **MAXIMA GREEN NEUTRAL FLOOR CLEANER** **MAXIMA TRADING LIMITED**I Park Industrial Estate, Innovation Drive, Hull, HU5 1SG |
| 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):  | Short-term exposure level (15 mins): |
| State the Risks to Health from Identified Hazards |
| **EC Classification: Extremely Flammable Aerosol**R22 Harmful if swallowed, R38 Irritating to skin. R41 Risk of serious damage to eyes. R41 Risk of serious damage to eyes, R22 Harmful if swallowed.H302 Harmful if swallowed. H315 Causes skin irritation. H318 Causes serious eye damage. |
| 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 |  |
| 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:** Rinse with water. Get medical attention if any discomfort continues.**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:** Store in tightly closed original container in a dry, cool and well-ventilated place. Keep in 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: