ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC43

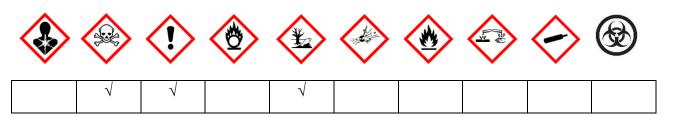
Product Name: (Purchased product brand name)

DEMAND CS

Reference No: Rev: 25.07.19

This CoSHH Assessment form is solely for purchased hazardous substances (e.g. Bleach). For the more complex hazardous substances use form FCA01.

Hazards identified on the container or Safety Data Sheet (SDS) (tick appropriate boxes)



Hazard/Risks Identification:

Harmful if swallowed. Toxic to aquatic organisms, may cause long-term adverse effects in the aquatic environment.

May cause ill health if ingested in quantity

May cause eye irritation

Skin - irritation and dermatitis may result from prolonged contact

Do not breathe in vapour

When using do not eat, drink or smoke

Avoid contact with skin and eyes

A brief description of how the substance is to be used:

Hand Applying

Who is likely to be affected by the substance?			
Employees	\checkmark	Visitors	
Cleaners		Patients / Residents / Service Users / Clients	
General Public		Contractors	

Existing Controls (Provide a brief description of how the hazards are currently controlled. You may use the MSDS as a guide)

General information - Get medical attention immediately.

Inhalation - Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing. Get medical attention if any discomfort continues.

Ingestion: DO NOT induce vomiting. Get medical attention immediately.

Skin contact - Wash with water and soap as a precaution. If skin irritation persists, call a physician

Eye contact - 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 irritation persists after washing. Show this Safety Data Sheet to the medical personnel.

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Current storage arrangements and the quantity held in stock (Consider the risk of fire when storing substances. The fire risk must be covered in a separate Fire Risk Assessment)

Keep container tightly closed. Keep in a dry, cool and well-ventilated place. Keep out of reach of children

Current Spillage/Release Arrangements. (You may use the SDS as a guide)

No exposure limits have been set for this material Suitable approved respirator if exposed to spray mists Rubber or plastic gloves If splashes are likely to occur, wear: goggles Impervious clothing, boots

Current Disposal Arrangements. (You may use the SDS as a guide but also consider residual left in the containers)

Follow suitable procedure or seek Local authority guidance

Can the substance be removed or replaced by a substance less hazardous?

YES / NO (Circle as appropriate)

How often do employees and others come into contact with the substance?

1 0				
Continual use	Frequent use	\checkmark	Minimal use	

Using this information, it is now possible to determine the level of risk from the substance and decide on the controls required to remove or reduce the risks.

Do you consider the current control measures suitable and sufficient?

YES / NO (Circle as appropriate)

YES / NO (Circle as appropriate)

EMERGENCY ARRANGEMENTS:

Fire Measures: What fire fighting measures are required to extinguish the substance? This information will be indicated on the safety data sheet if applicable.

WATER	FOAM	DRY POWDER	CO2	WET CHEMICAL	NONE
			\checkmark		

What methods are used to fire fight without putting yourself at risk? Is suitable PPE required and if so what?

The product itself does not burn. Keep fire exposed containers cool by spraying with water if exposed to fire. Fight surrounding fire with dry chemical, foam or water spray. This product is not flammable. However, toxic fumes (oxides of carbon, hydrogen chloride and hydrogen fluoride) may be evolved in the event of fire.

First Aid Measures: These are the first aid measures required should contact with the substance arise. It identifies each route of entry to the body and indicates what action must be taken should somebody become exposed. This information will be indicated on the safety data sheet.

Route of entry:	First Aid Measures:
Inhalation:	Inhalation of mist or spray, may cause irritation of the respiratory system. Move to fresh air. Obtain medical advice immediately.
Absorption:	
Ingestion:	Harmful if swallowed. Do not induce vomiting. If conscious give a small amount of milk or water to drink and obtain medical attention. Show the container label or this safety data sheet to the doctor.
Injection:	
Skin Contact:	May cause skin irritation in susceptible persons. Remove contaminated clothing Wash off immediately with soap and plenty of water. If irritation persists obtain medical attention Contaminated clothing should be washed and dried before re-use
Eye Contact:	May cause eye irritation of susceptible persons. Rinse immediately with plenty of water for at least 15 minutes. If irritation persists obtain medical attention

Are the first aiders aware of the arrangements to deal with this substance in the event of a first aid emergency? (YES) NO (Circle as appropriate)

Are there arrangements in place to deal with spillages? (eg is there an emergency procedure)?

If you consider the controls adequate then sign the CoSHH assessment off. If further controls are required then identify them below. This CoSHH assessment must be reviewed at least annually. The CoSHH assessment must also be reviewed if there are any changes in circumstances and following an accident or incident.

Extra controls required to reduce the risks.

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Identify the persons who are required to implement the extra controls and set a realistic date for completion of these extra controls.

Action to be implemented by:		Target Date:	Completed Date:					
n/	'a							
Initial Assessment Completed	Name:	Signature:	Date:					
By:	Andy Owden	A. Owden	25.07.19					

ASSESSMENT REVIEW PROGRAM

Assessment Review	Name	j	Signature			Date	
Completed by:							
Reason for review:	Annual Review		Changes	Accid	ent/Incident		
Assessment Review	Name	Ĵ		Signature		Date	
Assessment Review Completed by:	Name	3		Signature		Date	
	Annual Review	2	Changes		ent/Incident	Date	
Completed by:						Date	

Assessment Keview	Name		Signature			D	ate
Completed by:							
Reason for review:	Annual Review		Changes		Accident/In	cident	

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