

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC10

Product Name: *(Purchased product brand name)*

Reference No:

ARBOFOAM

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)**



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**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	√	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)**

*If splashing is likely to occur wear approved eye protection. If spray mists are likely, wear a suitable approved respirator. If skin contact is likely to occur wear rubber gloves and suitable impervious protective clothing. Use in a well ventilated area where possible. Always use good personal hygiene procedures when handling chemicals. Do not smoke eat or drink while handling this product. Wash hands, face and exposed skin after using, and before eating, drinking or smoking. Read the label before use. 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.*

**Personal Precautions:** *Wear suitable protective clothing, gloves and eye/face protection. See section 8.*

**Environmental Precaution:** *Prevent further leakage or spillage if safe to do so. Contain or absorb leaking liquid with earth or sand. Do not let product enter drains.*

**Clearing up:** *Soak up with inert absorbent material. Transfer to a suitable labelled container. Subsequently, clean spill area and any tools used with a suitable solution of caustic soda or soda ash and an appropriate alcohol (i.e. methanol, ethanol or isopropanol). Then wash with strong soap and water solution. Collect all washings for disposal.*

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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?**

Continual use		Frequent use	√	Minimal use	
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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)

## 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
√	√	√	√		

**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)?

YES / NO (Circle as appropriate)

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 By:	Name:	Signature:	Date:
	Andy Owden	<i>A. Owden</i>	25.07.19

## ASSESSMENT REVIEW PROGRAM

Assessment Review Completed by:	Name	Signature	Date
Reason for review:	Annual Review	Changes	Accident/Incident

Assessment Review Completed by:	Name	Signature	Date
Reason for review:	Annual Review	Changes	Accident/Incident

Assessment Review Completed by:	Name	Signature	Date
Reason for review:	Annual Review	Changes	Accident/Incident

*Name, address and telephone number of supplier of substance:*

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