

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC12

Product Name: *(Purchased product brand name)*

Reference No: n/a

Biopren Bms

Rev: 25.07.19

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



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Hazard/Risks Identification:

R50/52 Harmful to aquatic organisms

R36/37/38 Irritating to eye, respiratory system and skin

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

Supplied in a ready to use container, which can be cut open and stuck to a suitable surface.

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.)*

Exposure limits - No limit defined

Exposure controls – Do not breathe dust, avoid contact with eyes and skin.

Respiratory protection – N/A

Hand protection – Protective gloves are recommended, (not stated)

Eye protection – Not necessary.

Skin and body protection – Avoid contact with the product.

Current storage arrangements and the quantity held in stock

Store containers upright and closed. Store at room temperature in an area that is dry and well-ventilated. Store away from heat, ignition sources and strong oxidisers. Store far from odorous substances and out of reach of children. Do not contaminate water, feed or food during the product storage, handling and disposal. Read and follow all precautions on the product label.

Accidental release measures

Sweep and transfer the spilled product into waste containers for disposal. Clean the spill area with detergent and hot water. Avoid spilling. Prevent reaching surface waters or other water supplies.

Current Disposal Arrangements.

Waste resulting from this product may be disposed of on site (household waste) or at an approved waste disposal facility.

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?

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?

None stated.

First Aid Measures: These are the first aid measures required should contact the substance arise. It identifies each route of entry to the body and indicates what action must be taken should somebody become exposed.

Route of entry:

First Aid Measures:

Inhalation:	Remove person to fresh air.
Absorption:	-
Ingestion:	If person ingests get medical attention.
Injection:	-
Skin Contact:	Wash affected area with soap and water.
Eye Contact:	Immediately flush with large amounts of water for at least 15 minutes. If irritation persists get 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.

None

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	A. Owden	25.07.19

ASSESSMENT REVIEW PROGRAM

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

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Name, address and telephone number of supplier of substance:

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