

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC17

Product Name: *(Purchased product brand name)*

Reference No: Version 5.0

Deadline Difenacoum Paste

Rev: 25.07.19

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



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Hazard/Risks Identification:

H360 Reproductive toxicity Category 1B, May cause damage to unborn child.

H373 May cause damage to organs (blood) through prolonged or repeated exposure.

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

10g placed inside a tamper resistant mouse box.

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 - Avoid all unnecessary exposure.
Exposure controls – n/a.
Respiratory protection – n/a.
Hand protection – Wear protective gloves.
Eye protection – n/a.
Skin and body protection – n/a.

Current storage arrangements and the quantity held in stock

Keep only in original container in a cool well ventilated place away from direct sunlight. Keep container closed when not in use. Store away from other materials.

Accidental release measures

Evacuate unnecessary personnel. Equip clean up crew with proper protection. Ventilate area. Prevent entry to sewers and public waters. On land, sweep or shovel into suitable containers.

Current Disposal Arrangements.

None noted – Refer to local authority requirements.

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.

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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
√	√	√	√		SAND

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

Do not enter fire without proper protection equipment, including respiratory equipment.

Exercise caution when fighting any chemical fire. Prevent fire fighting water from entering the environment.

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.

*Never give anything by mouth to an unconscious person. If you feel unwell seek medical advice. (show the label where possible.)
Do not eat or drink or smoke during use.*

Route of entry:

First Aid Measures:

Inhalation:	Assure fresh air breathing. Allow victim to rest.
Absorption:	-
Ingestion:	Rinse mouth, do not induce vomiting. Obtain emergency medical attention.
Injection:	-
Skin Contact:	Remove affected clothing, wash all exposed skin area with mild soap and water, followed by warm water rinse.
Eye Contact:	Rinse immediately with plenty of water. Obtain medical attention if pain, blinking or redness persists.

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

Rentokil Initial Supplies

Liverpool

L33 7sr

United Kingdom