

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC03

Product Name: (Purchased product brand name)

Reference No:

Deadline Difenacoum Paste Bait

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:

The preparation is non-dangerous in accordance with Directive 1999/45/EC Unlikely to cause harmful effects under normal conditions of handling and use. Harmful to Wildlife. Wild mammals and birds may be at greater risk if the product is not used in accordance with its label.

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

Placed within a tamper resistant bait 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. You may use the MSDS as a guide)

Handling: Avoid contact with skin and eyes. Avoid dust formation. Do not smoke eat or drink while handling this product. Always use good personal hygiene procedures when handling chemicals. Wash hands and face before eating, drinking or smoking. Read the label before use. Unlikely to produce much dust.

Personal protective equipment required:

Respiratory protection: Unlikely to present an inhalation hazard unless excessive dust is present. If dust levels approach the MEL's or OES then suitable approved respiratory protection should be worn.

Hand protection: Impervious gloves

Eye protection: Tight fitting goggles if exposed to excessive dust.

Skin and body protection: Impervious clothing, boots

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 in a cool, well-ventilated place. Keep out of reach of children. Keep away from food and animal feedstuffs Keep away from oxidizing agents

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

Follow suitable procedure or seek Local authority guidance

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)

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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?

Keep fire exposed containers cool by spraying with water if exposed to fire. Carbon dioxide (CO2), alcohol-resistant foam, dry powder, water spray mist or foam.

Do not use water jets In the event of fire, wear self-contained breathing apparatus, suitable gloves and boots.

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:

General:	In the case of accident or if you feel unwell, seek medical advice immediately (show the label where possible). ADVICE FOR DOCTORS: Bromadiolone is an indirect anticoagulant. Phytomenadione, Vitamin K1, is antidotal. Determine prothrombin times not less than 18 hours after consumption. If elevated, administer Vitamin K1 until prothrombin time normalises. Continue determination of prothrombin time for two weeks after withdrawal of antidote and resume treatment if elevation occurs in that time.
Inhalation:	Unlikely to present an inhalation hazard unless excessive dust is present. Move to fresh air. Obtain medical advice immediately.
Absorption:	
Ingestion:	If swallowed, seek medical advice immediately and show this container or label
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 with susceptible persons. Rinse immediately with plenty of water and seek medical advice.

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 at this time

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

Name, address and telephone number of supplier of substance:

PelGar International Ltd Unit 13,

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