ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC48

Product Name: *(Purchased product brand name)*

GOLIATH GEL

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	√	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. Call a physician or poison control center immediately. Rinse out mouth and give water in small sips to drink. Induce vomiting only, if: 1. patient is fully conscious, 2. medical aid is not readily available, 3. a significant amount (more than a mouthful) has been ingested and 4. time since ingestion is less than 1 hour. (Vomit should not get into the respiratory tract.)

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?

Continual use		Frequent use	√	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)*

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.

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	

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	

Company:

Company:

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