

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC21

Product Name: *(Purchased product brand name)*

Reference No: GHS 1.0

Green Hero Frost Aerosol

Rev: 25.07.19

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



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Hazard/Risks Identification:

H222 Extremely flammable aerosol.

H229 Pressurised container, may burst if heated.

H412 Harmful to aquatic life with long lasting effects.

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

Supplied in a aerosol can.

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 - *Short term single instance.*

Exposure controls – *General ventilation.*

Respiratory protection – *In cases of inadequate ventilation wear respiratory protection.*

Hand protection – *Wear suitable gloves. Check leak tightness./impermeability prior to use.*

Eye protection – *Wear eye/face protection.*

Skin and body protection – *Take recovery periods for skin generation. Preventative barrier creams/ointments. Wash hands thoroughly after handling.*

Current storage arrangements and the quantity held in stock

Use local and general ventilation. Use only in well-ventilated areas.

Accidental release measures

Remove persons to safety. Wear breathing apparatus if exposed to vapours/dust/spray/gases.

Current Disposal Arrangements.

Use appropriate container to avoid environmental contamination. Keep away for drains, surface and ground water.

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)

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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?

Do not use water jet.

In case of fire and/or explosion do not breathe fumes. Co-ordinate firefighting measures to the fire surroundings. Do not allow fire fighting water to enter drains or water courses. Collect contaminated firefighting water separately.

Fight fire with normal precautions from a reasonable distance.

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.*

Do not leave affected person unattended. Remove victim out of danger area. Keep effected person warm. Still and covered. Take off immediately all contaminated clothing. In all cases of doubt, or when symptoms persist. Seek medical advice. In case of unconsciousness place person in the recovery position. Never give anything by mouth.

Route of entry:

First Aid Measures:

Inhalation:	<i>If breathing is irregular or stopped, immediately seek medical assistance and start first aid actions. Provide fresh air.</i>
Absorption:	-
Ingestion:	<i>Rinse mouth with water, only if the person is conscious.</i>
Injection:	-
Skin Contact:	<i>Wash with plenty of soap and water.</i>
Eye Contact:	<i>Remove contact lenses, if present and easy to do. Continue rinsing Irrigate copiously with clean, fresh water for at least 10 minutes, holding the eyelids apart.</i>

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:

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