

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC25

Product Name: *(Purchased product brand name)*

Reference No: n/a

Organisect

Rev: 25.07.19

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



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**Hazard/Risks Identification:**

*None stated*

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

*Can be used for space spray using electrical fogger or surface spray using a compression sprayer.*

**Who is likely to be affected by the substance?**

Employees	<input checked="" type="checkbox"/>	Visitors	<input checked="" type="checkbox"/>
Cleaners	<input checked="" type="checkbox"/>	Patients / Residents / Service Users / Clients	<input checked="" type="checkbox"/>
General Public	<input checked="" type="checkbox"/>	Contractors	<input checked="" type="checkbox"/>

**Existing Controls *(Provide a brief description of how the hazards are currently controlled.)***

*Exposure limits - None.*  
*Exposure controls – None.*  
*Respiratory protection – None.*  
*Hand protection – None.*  
*Eye protection – None.*  
*Skin and body protection – None.*

**Current storage arrangements and the quantity held in stock**

*None*

**Accidental release measures**

*Minimise contamination to surface and ground water.*

**Current Disposal Arrangements.**

*Avoid disposing into drainage systems and into the environment. In accordance with local environmental laws.*

**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	<input checked="" type="checkbox"/>	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:**

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**Fire Measures:** *What fire fighting measures are required to extinguish the substance?*

WATER	FOAM	DRY POWDER	CO2	WET CHEMICAL	NONE
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**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:	<i>No known risk. If sensitive to natural plant derivatives do not use.</i>
Absorption:	<i>-</i>
Ingestion:	<i>Wash mouth out with water. Seek medical advice.</i>
Injection:	<i>-</i>
Skin Contact:	<i>Wash off.</i>
Eye Contact:	<i>Rinse immediately with plenty of water for at least 10 minutes.</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		

<b>Initial Assessment Completed By:</b>	<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
	Andy Owden	<i>A. Owden</i>	25.07.19

## ASSESSMENT REVIEW PROGRAM

Assessment Review Completed by:	Name		Signature		Date
	<b>Reason for review:</b>	Annual Review		Changes	

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**Name, address and telephone number of supplier of substance:**

**Organi-sect**

**Env Solutions**

**Unit 4 Airborne Industrial Estate**

**Arterial Road**

**Essex**

**SS9 4EX**