

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC27

Product Name: *(Purchased product brand name)*

Reference No:

RASCAL 25 DIFENACOU M PASTA 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:

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

This product does not contain any substances classified as PBT or v PvB.

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

Place securely in tamper resistant bait boxes

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)

Exposure controls

Wear protective clothing. Keep away from food, drink and animal feeding stuffs. Keep container tightly sealed when not in use. May cause damage to organs (Blood) through prolonged or repeated exposure. Wash hands thoroughly after handling. Do not eat, drink or smoke when using this product. Wash contaminated clothing before reuse

Personal protection

Eye/face protection - Avoid contact with eyes. – Safety goggles BSEN 166F

Hand protection - Suitable chemical resistant gloves BSEN 374 are recommended for professional users. Other skin and body protection.

Personal protective equipment for the body should be selected based on the task being performed and the risks involved.

Hygiene measures Wash hands thoroughly after handling. Do not eat, drink or smoke when using this product. Wash contaminated clothing before reuse.

Respiratory protection - Provide adequate ventilation. No RPE required

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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*)

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

Avoid discharge into drains or watercourses or onto the ground. (Product is a paste, so this hazard is limited)
 Environmental exposure controls
 Keep container tightly sealed when not in use. Avoid release to the environment.
 There are no known reactivity hazards associated with this product.

Current Disposal Arrangements. (*You may use the SDS as a guide but also consider residual left in the containers*)

Dispose of in accordance with applicable regional, national, and local laws and regulations. Dispose of Contaminated packaging as unused product unless fully cleaned. Waste class Waste disposal key number from EWC is 20 01 19 (Pesticides)

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)

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 is not flammable. Extinguish with alcohol-resistant foam, carbon dioxide, dry powder or water fog. Use fire-extinguishing media suitable for the surrounding fire. Do not use water jet as an extinguisher, as this will spread the fire.

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. This information will be indicated on the safety data sheet.

Route of entry:

First Aid Measures:

Inhalation:	Due to the physical nature of this product, exposure by this route is unlikely. If symptoms develop move the exposed person to fresh air. Immediately obtain medical advice.
Absorption:	-
Ingestion:	Rinse mouth thoroughly with water. Do not induce vomiting. Get medical attention immediately.
Injection:	-
Skin Contact:	May cause irritation to susceptible persons. Immediately take off all contaminated clothing. Wash skin thoroughly with soap and water. Get medical attention if symptoms are severe or persist after washing.
Eye Contact:	May cause eye irritation to 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.

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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:	Signature:	Date:
	Andy 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

Name, address and telephone number of supplier of substance:

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