

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC06

Product Name: *(Purchased product brand name)*

Reference No:

Rascal Brodifacoum 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:**

*This product contains an anticoagulant compound. If large quantities are ingested nosebleed and bleeding gums may occur. In severe cases there may be bruising, haematomas of the joints and blood present in urine and faeces.*

*No other classifications*

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

*Biocide Mixture for the control of mice by professional operators only*

**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)**

*Hands and other exposed areas washed with mild soapy water after use before eating, drinking, smoking or leaving work area. Only used in well ventilated areas to prevent build up of vapour.*

*Protective gloves worn.*

*No eating, drinking or smoking during use.*

**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)**

***Kept in original container in cool well ventilated place away from direct sunlight. Container closed when not in use. Kept away from ignition sources , strong bases and strong acids***

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

*On land, sweep or shovel up into suitable containers. Store away from other materials*

**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?**

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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	SAND
√	√	√	√		√

What methods are used to fire fight without putting yourself at risk? Is suitable PPE required and if so what?

*Exercise caution when fighting any chemical fire. Prevent fire-fighting water from entering the environment.*

*Do not enter firer area without proper PPE including respiratory protection.*

**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:	Never give anything by mouth to an unconscious person. If you feel unwell seek medical advice. (Show label wherever possible).  <i>PHYTOMENEDIONE VITAMIN K1 IS ANTODOTAL</i>
Inhalation:	Allow breathing in of fresh air – Allow victim to rest.
Absorption:	
Ingestion:	Rinse mouth. Do NOT induce vomiting. Obtain emergency medical attention.
Injection:	
Skin Contact:	Remove all affected clothing and wash all exposed skin areas with mild soap and water, followed by warm water rinse.
Eye Contact:	Rinse immediately with plenty of water. Obtain medical attention if in any pain, blinking or redness persists.

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

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