

# ARK PEST CONTROL

## Control of Substances Hazardous to Health (COSHH) Assessment – APC60

Product Name: (Purchased product brand name)

Reference No: 20.07.15

SAKARAT D WAX BAIT

Rev: 05.10.19

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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No Symbol

### Hazard/Risks Identification:

Not classified as hazardous according to Regulation (EC) 1272/2008

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

Rodenticide in the control of Rodents.

### 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)

Keep out of reach of children Read label before use

Do not eat, drink or smoke when using this product.

Avoid release to the environment

RPE: Half mask respirator to EN140 plus P class filter to EN 143 to required (nominal) protection factor (minimum).

Wear protective gloves: Unlined/Flock lined, synthetic rubber/PVC to EN 374. (300mm in length) eg. Nitrile.

Goggles to EN 166 3459B.

IF SWALLOWED: Immediately call a POISON CENTRE or doctor/physician.

Store locked up in a closed container.

Dispose of contents/container in accordance with national regulations.

### 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)

The product must be used and stored only in accordance with the product label. Refer also to the section 'Exposure Controls/Personal Protection'. Avoid all contact by mouth. Wash hands and exposed skin before meals and after use.

Empty container completely and dispose of safely.

Store in original container under cool and dry conditions in a secure, well ventilated place, inaccessible to children, and away from foodstuffs and animal feedstuffs. Store and transport away from products which may have an odour

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

Personnel dealing with accidental spills and release of the mixture should wear personal protective equipment described in existing controls.

In case of accidental spills keep away from drains, surface and ground water.

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

Scrape up material. Place in marked receptacle ready for disposal. Contact supplier for advice on disposal.

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Waste classification non-hazardous. None of hazardous properties apply. Spent bait. EWC code 20 01 19. Biocide solid waste. Waste classification hazardous.. Empty containers completely (as far as possible). Dispose of contaminated, empty containers as spent bait.  
Contact supplier, local authority or Environment Agency for advice about disposal of waste.

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?

Cool the smouldering material with water spray to minimise the possibility of re-ignition. Keep containers and surroundings cool with water spray.

This product is non-flammable, but combustible . May produce toxic fumes of carbon monoxide if involved in a 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:	Unlikely route of exposure. Remove from exposure to fresh air. Obtain medical advice if symptoms develop
Absorption:	n/a
Ingestion:	Wash out mouth with water. Do not induce vomiting. Seek medical advice immediately.
Injection:	n/a
Skin Contact:	Wash skin with soap and water. Remove and launder any contaminated clothing.
Eye Contact:	In case of contact with eyes, remove contact lenses if present and rinse the eye slowly and gently with water for 15-20minutes. Seek medical advice immediately

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.**

To avoid risks to human health and the environment, comply with instructions for use. Use bait containers clearly marked "poison" at all surface baiting points. Remove all remains of bait, dead rodents during and after treatment and dispose of safely. Prevent access to bait by children, domesticated animals and pets,(particularly cats, dogs and pigs). Harmful to wildlife.

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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>	05.10.19

## ASSESSMENT REVIEW PROGRAM

Assessment Review Completed by:	Name		Signature		Date	
Reason for review:	Annual Review		Changes		Accident/Incident	

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*Manufacturer*

*Killgerm Chemicals Ltd,*

*Wakefield Road,*

*Ossett,*

*West Yorkshire,*

*WF5 9AJ.*

*Tel: +44 (0)1924 268450*