

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC59

Product Name: *(Purchased product brand name)*

Reference No: 04/2008 vs.3

SCOOT FOX REPELANT

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:**

*None classified*

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

*Fox pheromone treatment.*

**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)**

*Suitable protective clothing must be worn when handling the concentrate. All protective clothing, especially the inside of gloves, must be washed after use. For further guidance please see section 2 of data sheet and the product label. Exposure limits not determined.*

**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)**

*This product is NOT a scheduled poison. Product must be stored in the original labelled container, tightly closed in a safe place under lock and key. Keep out of reach of children and away from food, drink and animal feeding stuffs. The product should be protected from frost and is stable in the original packaging for at least two years.*

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

*Contain spillage with a barrier of earth, sand, sawdust or other material. Sweep up contaminated material and place in a marked container for disposal by an authorised contractor. Contaminated surfaces may be cleaned using water or a detergent/water is that mixture.*

*If contamination occurs in a public place or if the product enters a watercourse or sewer the police and water authorities should be informed.*

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

*No information provided on MSDS advise manufacturer is contacted for further information.*

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? 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?**

*Contain the fire with sand or earth or use carbon dioxide, water fog, dry powder or alcohol foam extinguishers prior to the arrival of the Fire Brigade. If a fire occurs adequate protective clothing and self-contained breathing apparatus must be worn. Contain contaminated water – avoid flushing to drains/sewers and freshwater ditches/streams.*

**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.*

*Guide to doctor: This product contains aluminium ammonium sulphate. Treatment for alum ingestion should be followed ie gastric lavage with care to prevent aspiration. The product is mammalian repellent and patients may exhibit severe distress. There is no known specific antidote and treatment must be supportive and symptomatic.*

**Route of entry:**

**First Aid Measures:**

Inhalation:	<i>n/a</i>
Absorption:	<i>n/a</i>
Ingestion:	<i>Consult a doctor immediately. If medical assistance is not immediately available seek assistance from emergency services.</i>
Injection:	<i>n/a</i>
Skin Contact:	<i>Remove contaminated clothing and wash thoroughly with soap and water. Launder contaminated clothing before use.</i>
Eye Contact:	<i>Irrigate using low pressure water for 15 minutes or use an eye bath.</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 listed.*

**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:
<i>n/a</i>		

Initial Assessment Completed By:	Name:	Signature:	Date:
	<b>Andy Owden</b>	<i>A. Owden</i>	<b>05.10.19</b>

**ASSESSMENT REVIEW PROGRAM**

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

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

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

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