

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC58

Product Name: *(Purchased product brand name)*

Reference No: July 15

VICTOR COCKROACH GEL

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:

Acute aquatic toxicity (Category 3) Chronic aquatic toxicity (Category 3)

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

Biocide insecticide product for the control of: Blatella Germanica (German cockroach), Blatta orientalis (Oriental cockroach) and Periplaneta Americana (American cockroach), both adult and nymph stages.

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 limits Maximum exposure limits for professionals are not established.

Exposure controls

Personal protective equipment: Avoid unnecessary contact with the product. Keep away from foodstuffs, beverages and feed. Immediately remove all soiled and contaminated clothing. Wash hands after using.

Hand protection: As required depending on activity and possible exposure.

Eye protection: As required depending on activity and possible exposure.

Body protection: Body protection must be chosen depending on activity and possible exposure.

Respiratory protection: Not required if the room is well ventilated.

General safety and hygiene measures: Handle in accordance with good hygiene and safety practice. Avoid contact with the skin, eyes and clothing.

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)

Store in a cool, dry location. Store only in the original receptacle. Keep container in a well-ventilated place. Keep away from sources of heat. Store away from foodstuffs. Recommended storage temperature between 5 – 25 DegC in normal humidity. Do not reuse empty packaging.

Protection against fire and explosion: No special precautions necessary. The product is non-combustible. Product is not explosive.

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

Do not allow to enter sewers/ surface or ground water. Inform appropriate authorities in case of leakage into water course or sewage system If the product contaminates rivers and lakes or drains inform respective authorities.

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

ARK PEST CONTROL

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Dispose of contaminated material as waste according to section 13. Ensure adequate ventilation. Clean up spillage and dispose of as hazardous waste. Keep in suitable, closed containers for disposal.

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?

Special hazards arising from the substance or mixture: Formation of toxic gases may occur if heated such as carbon oxides, nitrogen oxides and hydrogen chloride gas.

Protective equipment: In the case of fire wear self-contained respiratory equipment and full protective suit. Contain runoff to prevent entry into water or drainage systems. Cool down exposed product container if possible. Prevent water entering the environment. Wear protective equipment during clean up and removal of material.

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.

General information: In the case of accident or if you feel unwell, seek medical advice (show the label where possible). Remove stained or splashed clothing. Do not administer anything by way of mouth. Let the patient rest. Conserve body temperature. Treat symptomatically.

Route of entry:

First Aid Measures:

Inhalation:	<i>Move to fresh air. Obtain medical advice if the person feels unwell.</i>
Absorption:	<i>n/a</i>
Ingestion:	<i>If swallowed, seek medical advice immediately if you feel unwell.</i>
Injection:	<i>n/a</i>
Skin Contact:	<i>Remove contaminated clothing. Wash off with soap and plenty of water. If irritation occurs obtain medical attention. Contaminated clothing should be washed and dried before re-use.</i>
Eye Contact:	<i>Rinse immediately with plenty of water. If irritation occurs seek medical advice.</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.

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC58

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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PelGar International Ltd

Unit 13 Newman Lane

Alton

Hampshire

GU34 2QR

United Kingdom

Telephone : +44(0)1420 80744