

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC74

Product Name: (Purchased product brand name)

Reference No: n/a

CONTRAC® All-Weather Blox

Rev: Feb 2008

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:

None stated.

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

Scott – Please complete

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)

Engineering measures: Bait is stable for a minimum of 1 year when stored at room temperature. Avoid exposure to light and extreme humidity.

Hand protection: Rubber gloves.

Eye protection: No specific eye protection required during normal use.

Respiratory protection: No specific recommendations. Provide adequate ventilation.

Skin & body: Handle in accordance with good hygiene and safety practice.

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)

Bait is stable for a minimum of 1 year when stored at room temperature. Avoid exposure to light and extreme humidity. Store in a cool, dry place inaccessible to children, pets and wildlife. Keep container tightly closed when not in use. Avoid contamination of lakes, streams and ponds by use, storage or disposal. Wash thoroughly with soap and water after handling.

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

Sweep up spilled material, place in properly labelled container for disposal or re-use.

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

Wastes resulting from use may be disposed of on-site or at an approved waste disposal facility. Dispose of all wastes in accordance with all Federal, state and local regulations.

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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
√ (Do not use water jet)	√ (Alcohol resistant)				

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

None required.

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:	PRIMARY ROUTE OF ENTRY: Ingestion, SIGNS & SYMPTOMS OF EXPOSURE: Nausea, vomiting, loss of appetite, extreme thirst, lethargy, diarrhoea, bleeding.
Inhalation:	n/a
Absorption:	n/a
Ingestion:	Call physician or emergency phone number immediately. Do not give anything by mouth or induce vomiting unless instructed by physician
Injection:	-
Skin Contact:	Wash with soap and water.
Eye Contact:	Flush with cool water for at least 15 minutes. If irritation develops, obtain medical assistance.

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.

If ingested, administer Vitamin K1 intramuscularly or orally as indicated by bishydroxycoumarin overdoses. Repeat as necessary as based upon monitoring of prothrombin times.

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: Andy Owden	Signature: A. Owden	Date: 20.10.2021
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ASSESSMENT REVIEW PROGRAM

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

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Name, address and telephone number of supplier of substance:

*Bell Laboratories,
3699 Kinsman Blvd, Madison, WI 53704*