

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC77

Product Name: *(Purchased product brand name)*

Reference No: n/a

Grey Squirrel bait

Rev: Oct 2020

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)



| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|

Hazard/Risks Identification:

Classified as non-hazardous.

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: *Precautions in use: 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 work. Empty container completely and dispose of safely.*

Hand protection: *Unlined/Flock lined, synthetic rubber/PVC to EN 374. (300mm in length) eg. Nitrile.*

Eye protection: *Goggles to EN 166 3459B.*

Overalls: *None stated.*

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

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)

Keep 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 MSDS as a guide)

Any spillages should be cleared up immediately and disposed of safely. Wash contaminated surfaces with detergent solution.

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

Empty containers:- Empty completely. Dispose of as Controlled Waste – classification non-hazardous. EWC code 15 01 02.

Spent soiled/used/spilled bait:- Dispose of as Controlled Waste – classification non-hazardous. EWC code 16 03 06.

Unused bait:- Dispose of as Controlled Waste - classification non-hazardous. EWC code 16 03 06.

Contaminated PPE:- Dispose of as Controlled Waste — classification non-hazardous. EWC code 15 02 03.

Squirrel bodies:- Dispose of as Controlled Waste – classification non-hazardous. EWC code 02 01 02.

Can the substance be removed or replaced by a substance less hazardous?

YES NO *(Circle as appropriate)*

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How often do employees and others come into contact with the substance?

| | | | | | |
|---------------|--|--------------|---|-------------|--|
| Continual use | | Frequent use | √ | Minimal use | |
|---------------|--|--------------|---|-------------|--|

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 |
|-------|------|------------|-----|---------------------|------|
| √ | √ | | √ | (Dry chemical only) | |

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.

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: | Advice to doctor: Warfarin is an indirect anticoagulant. For comprehensive medical advice on the treatment of poisoning, contact the nearest Poisons Information Centre. See box 3 above for Symptoms, treatment, etc. |
| Inhalation: | Remove from exposure. Obtain medical advice if symptoms develop. |
| Absorption: | n/a |
| Ingestion: | Wash out mouth with water. Do not induce vomiting. Obtain medical attention. |
| Injection: | n/a |
| Skin Contact: | Wash skin with soap and water. |
| Eye Contact: | Wash out eye with plenty of water. Obtain medical advice if necessary. |

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 stated.

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 | A. Owden | 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 | |

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

Name, address and telephone number of supplier of substance:

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