ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC83

Product Name: (Purchased product brand name) Reference No: 1

Addit Gel Cockroach

Rev: 14.12.2016

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:

H411 Very toxic to aquatic life with long lasting effects

P273 Avoid release to the environment.

P391 Collect spillage.

P501 Dispose of contents/ container in accordance with national regulations.

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

Scott – Please complete

Who is likely to be affected by the substance?

Employees	$\sqrt{}$	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 – None stated.

Eye/face protection – Avoid contact with eyes Eyeglasses.

Hand protection/Other skin and body protection - Wear gloves Wash hands after handling.

Respiratory protection - Wear appropriate respiratory apparatus.

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 away from heat and direct sunlight. Keep in a dry and cool place. Store in original container, tightly closed Keep away from food and drink and animal feeding stuffs Keep away from food, drink and feed. Incompatible materials: None in particular. Instructions as regards storage premises: Adequately ventilated premises. Don't use empty container before they have been cleaned. Before making transfer operations, assure that there aren't any incompatible material residuals in the containers. Do not eat or drink while working.

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

Wear personal protection equipment. Remove persons to safety. Do not allow to enter into soil/subsoil. Do not allow to enter into surface water or drains. Retain contaminated washing water and dispose it. In case of gas escape or of entry into waterways, soil or drains, inform the responsible authorities. Suitable material for taking up: absorbing material, organic, sand. Rapidly recover the product. To do so, wear a mask and protective clothing. Wash with plenty of water. Contaminated clothing should be changed before entering eating areas.

Current Disposal Arrangements	(You may use the SD	S as a guide but also conside	r residual left in the containers,
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None stated.



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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	$\sqrt{}$	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?



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	CHEMICAL	NONE
			$\sqrt{}$		

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

Do not inhale explosion and combustion gases. Burning produces heavy smoke.

Advice for firefighters Use suitable breathing apparatus. Collect contaminated fire extinguishing water separately. This must not be discharged into drains. Move undamaged containers from immediate hazard area if it can be done safely

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.

First Aid Measures: Route of entry:

General advice:	None stated.
Inhalation:	Remove casualty to fresh air and keep warm and at rest. In case of inhalation, breath fresh air and have a rest. In case of faintness, consult a physician and show the label. Assure fresh air breathing Seek medical attention if breathing difficulties appear and persist.
Absorption:	n/a
Ingestion:	Do not under any circumstances induce vomiting. OBTAIN A MEDICAL EXAMINATION IMMEDIATELY. In case of ingestion, rinse mouth with water. Do not give anything by mouth. Immediately consult a physician and show the label.
Injection:	n/a
Skin Contact:	Wash with plenty of water and soap. Remove contaminated clothing, wash skin with soap and rinse thoroughly with water. Do not use solvents or thinners. Seek medical attention if ill effect or irritation develops.
Eye Contact:	Rinse immediately with plenty of water and seek medical advice. In case of skin or eye contact, immediately and thoroughly wash with water. Wash thoroughly under a trickle of water (warm if possible) for several minutes, holding the eyelids open under the stream of water. Remove contact lenses if present Seek medical attention if ill effect or irritation develops

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)?

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 Name:		Signature:	Date:	
By:	Andy Owden	A. Owden	04.11.2021	

ASSESSMENT REVIEW PROGRAM

Assessment Review	Name			Signature			D	ate
Completed by:								
Reason for review:	Annual Review			Changes		Accident/Ir	ncident	

Assessment Review	Name			Signature			D	ate
Completed by:								
Reason for review:	Annual Review		C	Changes		Accident/Ir	ncident	

Assessment Review	Nam	e		Signature		
Completed by:						
Reason for review:	Annual Review		Changes	Accident/	Incident	

MANUFACTURER:

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