

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC68

Product Name: *(Purchased product brand name)*

Reference No: 01

Rotech Non-Tox Wax Block Bait

Rev: 23.02.2018

*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: No specific ventilation requirements*  
*Hand protection: No specific hand protection recommended.*  
*Eye protection: No specific eye protection required during normal use.*  
*Respiratory protection: No specific recommendations. Provide adequate ventilation.*

**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)**

*There are no known conditions that are likely to result in a hazardous situation*

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

*No specific recommendations.*  
*Avoid discharge into drains or watercourses or onto the ground.*

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

*Reuse or recycle products wherever possible. Collect spillage with a shovel and broom, or similar and reuse, if possible. Collect and place in suitable waste disposal containers and seal securely. Flush contaminated area with plenty of water. Wash thoroughly after dealing with a spillage. Dispose of contents/container in accordance with national regulations.*

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.*



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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?

Suitable extinguisher media for the surrounding fire should be used.

**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:	If in doubt, get medical attention promptly. Show this Safety Data Sheet to the medical personnel.
Inhalation:	No specific recommendations. If throat irritation or coughing persists, proceed as follows. Move affected person to fresh air and keep warm and at rest in a position comfortable for breathing. Loosen tight clothing such as collar, tie or belt. Get medical attention if any discomfort continues.
Absorption:	
Ingestion:	No specific recommendations. If throat irritation or coughing persists, proceed as follows. Rinse mouth. Get medical attention if any discomfort continues.
Injection:	-
Skin Contact:	No specific recommendations. Rinse with water. Get medical attention if any discomfort continues.
Eye Contact:	No specific symptoms known. May be slightly irritating to eyes.

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	23.03.2021

### ASSESSMENT REVIEW PROGRAM

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

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Assessment Review Completed by:	Name		Signature			Date
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*Name, address and telephone number of supplier of substance:*

***1 ENV SOLUTIONS LTD***

***Unit 4 Airbourne Industrial Estate***

***Arterial Road***

***Leigh on Sea***

***Essex***

***SS9 4EX***

***United Kingdom***

***01702 617057***