

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC85

Product Name: *(Purchased product brand name)*












Reference No: 5

Rascal – Brodifacoum 50 Block Bait

Rev: 14.05.2018

*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)**

										
√										

**Hazard/Risks Identification:**

H360D May damage the unborn child.  
 H373 May cause damage to organs (Blood) through prolonged or repeated exposure.  
 P201 Obtain special instructions before use.  
 P202 Do not handle until all safety precautions have been read and understood.  
 P280 Wear protective gloves.  
 P308 + P313 If exposed or concerned get medical advice/attention if you feel unwell.  
 P314 Get medical advice/attention if you feel unwell.  
 P405 Store locked up.  
 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	√	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** – No specific eye protection required during normal use.  
**Hand protection/Other skin and body protection** – Suitable chemical resistant gloves are recommended for professional users.  
**Respiratory protection** – 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)**

Store in a cool dry location, store only in original receptacle. Keep container tightly closed in a well-ventilated place. Take suitable precautions when opening sealed containers as pressure can build up during storage. Keep away from sources of heat, keep out of reach of children, keep away from food stuffs, Keep away from oxidising agents.

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

Clear up spills immediately and dispose of waste safely. Collect spillage with shovel or broom or similar.

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

Dispose of contents/container in accordance with national 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 FOG	FOAM	DRY POWDER	CO2	CHEMICAL	NONE
√	√	√	√		

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

Do not use water jet as an extinguisher as this will spread the fire.

**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:

<i>General advice:</i>	In case of accident or if you feel unwell, seek medical advice immediately (show label where possible) Advice for medical doctors: Brodifacoum is an indirect anti-coagulant. Phyto menadione, Vitamin K, is antidotal. Determine prothrombin time not less than 18 hours after consumption. If elevated, administer vitamin K1 until prothrombin time normalizes. Continue determination of prothrombin time for two weeks after withdrawal of antidote and resume treatment if elevation occurs in that time.
<i>Inhalation:</i>	Due to physical nature of this product, exposure by this route is unlikely. Get medical attention if symptoms are severe or persist.
<i>Absorption:</i>	n/a
<i>Ingestion:</i>	Rinse mouth thoroughly with water. Do not induce vomiting, get medical attention immediately.
<i>Injection:</i>	n/a
<i>Skin Contact:</i>	May cause irritation to susceptible persons. Immediately take off all contaminated clothing. Wash skin thoroughly with soap and water. Get medical attention if symptoms are severe or persist after washing.
<i>Eye Contact:</i>	May cause irritation to susceptible persons. Rinse Immediately with plenty of water and seek medical advice.

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	Name:	Signature:	Date:
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By:	Andy Owden	<i>A. Owden</i>	04.11.2021
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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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Reason for review:	Annual Review	Changes	Accident/Incident

Assessment Review Completed by:	Name	Signature	Date
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### **MANUFACTURER:**

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