

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC38

Product Name: *(Purchased product brand name)*

Reference No: Rev 2

Vulcan P5 DP

Rev: 09.10.2017

Hazards identified on the container or Safety Data Sheet (SDS) *(tick appropriate boxes)*



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Hazard/Risks Identification:

<i>H410 Very toxic to aquatic life with long lasting effects</i>
<i>EUH208 Contains PERMETHRIN. May produce an allergic reaction</i>
<i>P273 Avoid release to the environment</i>
<i>P391 Collect spillage</i>
<i>P501 Dispose of content / container in accordance with national regulations</i>
<i>P102 Keep out of reach of children</i>
<i>P103 Read label before use</i>
<i>P260 Do not breathe dust</i>
<i>P270 Do not eat, drink or smoke when using this product</i>
<i>P262 Do not get in eyes, on skin or on clothing.</i>

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

Applied by hand or powered dusters.

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.)*

Avoid handling which leads to dust formation. Persons susceptible to allergic reactions should not handle this product.

Exposure limits - WEL 8-hr limit mg/m³: 6 inhalable dust, 2.4 respirable dust

Exposure controls – *Keep away from foodstuffs, beverages and feed. Wash hands before breaks and at the end of work. Ensure adequate ventilation to work area. If levels approach the WEL then respiratory protection must be worn.*

Respiratory protection – *Ensure adequate ventilation. Protection against nuisance dust must be used when the airborne concentration exceeds 10mg/m³.*

Hand protection – *Suitable chemical resistant gloves are recommended.*

Eye protection – *Tight fitting goggles if exposed to dust.*

Skin and body protection – *Body protection must be chosen depending on activity and possible exposure, for example apron, protective clothing, protective boots.*

Environmental exposure controls – *Do not release to the environment.*

Current storage arrangements and the quantity held in stock

Store in a cool dry location. Keep out of reach of children. Store only in the original receptacle. Keep container in a well ventilated place. Keep away from sources of heat. Store away from food stuffs.

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Accidental release measures

Collect powder using special dust vacuum cleaner with particle filter. Avoid generation and spreading of dust.

Current Disposal Arrangements.

The material and its container must be disposed of in a safe way. Dispose of in accordance with applicable regional, national and local laws and regulations.

Dispose of contaminated packaging as unused product unless fully cleaned.

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?

WATER	FOAM	DRY POWDER	CO2	WET CHEMICAL	NONE
√	√	√	√		

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

Keep fire exposed containers cool by spraying.

Avoid breathing fire gases or vapours.

Use protective equipment appropriate for surrounding materials.

This product is not combustible but may decompose if heated with the formation of toxic and irritant gases such as carbon oxides.

Do not use high volume water jet as an extinguisher.

First Aid Measures: These are the first aid measures required should contact the substance arise. It identifies each route of entry to the body and indicates what action must be taken should somebody become exposed.

Route of entry:

First Aid Measures:

Inhalation:	If symptoms develop move the exposed person to fresh air. Immediately obtain medical advice.
Absorption:	-
Ingestion:	Do not induce vomiting. Never give anything by mouth to an unconscious person. If vomiting occurs, the head should be kept low so that vomit does not enter the lungs.
Injection:	-
Skin Contact:	May cause an allergic skin reaction. Immediately take off all contaminated clothing. Rinse skin with copious amounts of water and wash with soap. If you feel unwell seek medical advice.
Eye Contact:	If dust has entered the eyes, proceed as follows:- Rinse immediately with plenty of water. Remove any contact lenses and open eyelids wide apart. Continue to rinse for at least 15 minutes and seek medical attention.

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.

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Extra controls required to reduce the risks.

None

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	<i>A. Owden</i>	25.07.19

ASSESSMENT REVIEW PROGRAM

Assessment Review Completed by:	Name	Signature	Date		
	Andy Owden	<i>A. Owden</i>	30.07.22		
Reason for review:	Annual Review	X	Changes	X	Accident/Incident

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

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

Name, address and telephone number of supplier of substance:

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