

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC74

Product Name: *(Purchased product brand name)*

Reference No: n/a

CONTRAC® All-Weather Blox

Rev: Jan 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:

H360D: <i>May damage the unborn child</i>
H372: <i>Causes damage to organs (blood) through prolonged or repeated exposure.</i>

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

Indoors and outdoors (around buildings within tamper resistant bait stations) and in sewers. Used for Rats and mice.

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: Bait is stable for a minimum of 1 year when stored at room temperature. Avoid exposure to light and extreme humidity.

Hand protection: Rubber gloves. (For example, EN 374 or disposable latex gloves)

Skin & body: Handle in accordance with good hygiene and safety practice.

Hygiene recommendations: Wash thoroughly with soap and water after handling.

Eye protection: No specific eye protection required during normal use.

Respiratory protection: No specific recommendations. Provide adequate ventilation.

Environmental exposure controls: Prevent the substance from entering drains and water-courses

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)

Bait is stable for a minimum of 1 year when stored at room temperature. Avoid exposure to light and extreme humidity. Store in a cool, dry place inaccessible to children, pets and wildlife. Keep container tightly closed when not in use. Avoid contamination of lakes, streams and ponds by use, storage or disposal. Wash thoroughly with soap and water after handling.

Do not use near heat sources, open flame, or hot surfaces.

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

Protective equipment should be worn when handling the bait. Collect spillage without creating dust. Do not allow bait to enter drains or water courses. Where there is contamination of streams, rivers, or lakes

ARK PEST CONTROL

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contact the appropriate respective authorities.
Sweep up spilled material immediately. Place in properly labeled container for disposal.
Wash contaminated surfaces with detergent. Dispose of all wastes in accordance with all local, regional and national regulations.

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

Wastes resulting from use may be disposed of on-site or at an approved waste disposal facility. Dispose of all wastes in accordance with all local, regional and 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.

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
√	√				

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

High temperature decomposition or burning in air can result in the formation of toxic gases, which may include carbon monoxide and traces of bromine and hydrogen bromide.

Advice for firefighters: Wear protective clothing and self-contained breathing apparatus.

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:	PRIMARY ROUTE OF ENTRY: Ingestion, SIGNS & SYMPTOMS OF EXPOSURE: Nausea, vomiting, loss of appetite, extreme thirst, lethargy, diarrhoea, bleeding.
Inhalation:	n/a
Absorption:	n/a
Ingestion:	Seek medical advice immediately. Do not give anything by mouth or induce vomiting unless instructed by physician
Injection:	-
Skin Contact:	Wash with soap and water.
Eye Contact:	Flush with cool water for at least 15 minutes. If irritation develops, obtain medical assistance.

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.

If ingested, administer Vitamin K1 intramuscularly or orally as indicated by bishydroxycoumarin overdoses. Repeat as necessary as based upon monitoring of prothrombin times.

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC74

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>	20.10.2021

ASSESSMENT REVIEW PROGRAM

Assessment Review Completed by:	Name		Signature		Date
	Andy Owden		<i>A. Owden</i>		31.07.22
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:

*Bell Laboratories,
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