

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC87

Product Name: *(Purchased product brand name)*

Reference No: 3
102000030431

Harmonix Monitoring Paste

Rev: 25.03.2021

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:

Non-poisonous monitoring bait

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

To be used in bait stations, out of reach of children and non-target animals including pets, farm animals and wildlife.
Used for Mice and rats.

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)

Respiratory protection is not required under anticipated circumstances of exposure.

Hand protection – Nitrile rubber. Rate of permeability > 480 min, Glove thickness > 0.4 mm, Directive Protective gloves complying with EN 374.

Eye protection - Wear goggles (conforming to EN166, Field of Use = 5 or equivalent).

Skin protection - Wear standard coveralls and Category 3 Type 6 suit.

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 containers tightly closed in a dry, cool and well-ventilated place.

Store in original container. Store in a place accessible by authorised persons only. Keep away from direct sunlight.

Protect from frost.

Keep away from food, drink and animal feeding stuffs.

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

Wear protective equipment – gloves (nitrile rubber), goggles and protective overalls.

Avoid contact with spilled product or contaminated surfaces.

Do not allow to get into surface water, drains and ground water.

Clean contaminated floors and objects thoroughly, observing environmental regulations. Soak up with inert absorbent material (e.g. sand, silica gel, acid binder, universal binder, sawdust). Keep in suitable, closed containers for disposal.

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

Advice may be obtained from the local waste regulation authority (part of the Environment Agency in the UK).

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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
√	√ (alcohol resistant)	√	√		

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

*Dangerous gases are evolved in the event of a fire.
Special protective equipment for firefighters:- In the event of fire and/or explosion do not breathe fumes. In the event of fire, wear self-contained breathing apparatus.
Contain the spread of the fire-fighting media. Do not allow run-off from firefighting to enter drains or water courses.*

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>	<i>Move out of dangerous area. Place and transport victim in stable position (lying sideways). Remove contaminated clothing immediately and dispose of safely.</i>
<i>Inhalation:</i>	
<i>Absorption:</i>	<i>n/a</i>
<i>Ingestion:</i>	<i>Do NOT induce vomiting. Call a physician or poison control center immediately. Rinse mouth.</i>
<i>Injection:</i>	<i>n/a</i>
<i>Skin Contact:</i>	<i>Wash off thoroughly with plenty of soap and water, if available with polyethylene glycol 400, subsequently rinse with water. Get medical attention if irritation develops and persists.</i>
<i>Eye Contact:</i>	<i>Rinse immediately with plenty of water, also under the eyelids, for at least 15 minutes. Remove contact lenses, if present, after the first 5 minutes, then continue rinsing eye. Get medical attention if irritation develops and persists.</i>

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.

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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>	31.07.22

ASSESSMENT REVIEW PROGRAM

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

Assessment Review Completed by:	Name	Signature	Date
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MANUFACTURER:

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