

ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC90

Product Name: *(Purchased product brand name)*












Reference No: V5

Rascal Bromadiolone 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:

H360D May damage the unborn child.
H372 Causes 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. P260 Do not breathe dust. P280 Wear protective gloves. P308+P313 IF exposed or concerned: Get medical advice/ attention. P314 Get medical advice/ attention if you feel unwell. P405 Store locked up. P501 Dispose of contents/ container in accordance with national regulations.
EUH 208 Contains 1, 2- Benzisothiazolin-3-one. May produce an allergic reaction.

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)

Exposure control limits – refer to the MSDS
No specific ventilation requirements.

Respiratory protection - PE: Particle Filtration Respirator Category III. Manufactured in filter material, covering nose, mouth and chin EN 149

Hand protection – Suitable chemical resistant gloves are recommended for professional users.

Eye protection – No specific eye protection is required during normal use.

Skin protection - Body protection must be chosen depending on activity and possible exposure, for example apron, protecting boots, chemical-protection suit.

Handle in accordance with good hygiene and safety practice. Wearing of closed work clothing is recommended. Avoid contact with the skin, eyes and clothing. Store work clothing separately.

Wash hands thoroughly after handling. Wash at the end of each work shift and before eating, smoking and using the toilet. Do not eat, drink or smoke when using this product.

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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*)

Avoid contact with skin and eyes. Keep away from heat, hot surfaces, sparks, open flames and other ignition sources. No smoking. Good personal hygiene is necessary. Wash hands and contaminated areas with water and soap before leaving the work site. Read label before use.

Store in a cool, dry location. Store only in the original receptacle. Keep containers 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 the reach of children. Store away from foodstuffs. Keep away from oxidizing agents.

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

Wear appropriate personal protective equipment.

Avoid discharge to the aquatic environment.

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.

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

This 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.

Waste disposal key number from EWC is 20 01 19 (Pesticides)

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
√ (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?

Use fire extinguishing media suitable for the surrounding fire.

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

Thermal decomposition or combustion products may include harmful gases or vapours.

Protective actions during firefighting:- Avoid breathing fire gases or vapours. Evacuate area. Cool containers exposed to heat with water spray and remove them from the fire area if it can be done without risk. Cool containers exposed to flames with water until well after the fire is out.

Special protective equipment for firefighters:- Wear positive-pressure self-contained breathing apparatus (SCBA) and appropriate protective clothing. Firefighter's clothing conforming to European standard EN469 (including helmets, protective boots and gloves) will provide a basic level of protection for chemical incidents.

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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>In case of accident or if you feel unwell, seek medical advice immediately (show the label where possible). Advice for Medical Doctors: Bromadiolone is an indirect anti-coagulant. Phytomenadione, Vitamin K, is anti dotal. Determine prothrombin time not less than 18 hours after consumption. If elevated, administer Vitamin K1 until prothrombin time normalises. Continue determination of prothrombin time for two weeks after withdrawal of antidote and resume treatment if elevation occurs in that time.</i>
<i>Inhalation:</i>	<i>Due to the physical nature of this product, exposure by this route is unlikely. Seek medical attention if symptoms persist.</i>
<i>Absorption:</i>	<i>n/a</i>
<i>Ingestion:</i>	<i>Rinse mouth. Do not induce vomiting. Get medical attention immediately.</i>
<i>Injection:</i>	<i>n/a</i>
<i>Skin Contact:</i>	<i>May cause irritation to susceptible persons. If skin irritation occurs wash with soap and water. Remove contaminated clothing. Get medical attention if symptoms are severe or persist.</i>
<i>Eye Contact:</i>	<i>May cause eye irritation to susceptible persons. Rinse immediately with plenty of water and seek medical advice.</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.

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	31.07.22

ASSESSMENT REVIEW PROGRAM

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

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