

# ARK PEST CONTROL

Control of Substances Hazardous to Health (COSHH) Assessment – APC95

Product Name: *(Purchased product brand name)*












Version No: 02

Vazor Phepra

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*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:**

H332 Harmful if inhaled  
 H410 Very Toxic to aquatic life with long lasting effects  
 P101 If medical advice is needed, have product container or label at hand.  
 P102 Keep out of reach of children.  
 P103 Read label before use.  
 P261 Avoid breathing vapours/spray.  
 P271 Use only outdoors or in well ventilated area.  
 P501 Dispose of contents/container to a facility in accordance with local/regional/national regulations.

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

Insecticide for insects.

**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 –**  
**Eye/face protection –** Use goggles EN166 (F)  
**Hand protection/Other skin and body protection –** Wear protective Gloves to EN 374 Nitrile or PVC. Coveralls type 5/6  
**Respiratory protection –** Wear mask with a AIP3 filter.  
**Hygiene measures -** Handle in accordance with good industrial hygiene and safety practice. Wearing of closed work clothing is recommended. Store work clothing separately. Keep away from food, drink, and animal feeding stuffs.

**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. If workplace exposure limits are exceeded, respiratory protection must be worn. Risks inherent in handling the product must be minimised by applying the appropriate protective and preventative measures. Working processes should, so far as possible, according to the state of the art be designed to rule out bodily contact or the release of hazardous substances.  
 General protective and hygiene measures - Do not eat or drink during work, no smoking. Wash hands before breaks and after work. Keep away from food, drink, and animal feeding stuffs. Do not inhale vapours, Remove soiled or soaked clothing immediately. Advice on protection against fire and explosion Keep away from sources of heat and ignition.  
 Store in original container, tightly closed in a cool, dry place. Store away from children.

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

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*Avoid contact with skin, eyes, and clothing, Do not allow the product to enter sewers, ground and surface waters. Do not rinse product to the sewers. In case of water contamination - inform appropriate authorities immediately. Prevent ground penetration. Contain and collect spillage with non-combustible absorbent materials, e.g., sand, earth, vermiculite, or diatomaceous earth and place in container for disposal according to local regulations.*

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

*Disposal of the product, empty containers and contaminated packaging must be made in accordance with the local law. Dispose of unused product in the original container as hazardous waste. Empty containers and contaminated PPE should be considered hazardous and disposed of appropriately. Suggested waste code 20 01 19.*

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 |  |
|---------------|--|--------------|---|-------------|--|

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 |
|--------------------|--------------------------|------------|-----|----------|------|
| √<br>(Water spray) | √<br>(alcohol resistant) |            | √   | √ (Dry)  |      |

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

*Wear self-contained breathing apparatus and appropriate protective equipment. Fire residues and contaminated extinguishing media should be disposed according to current regulation. Do not allow extinguishing media to enter sewers, ground water 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:

|                 |   |
|-----------------|---|
| General advice: | <i>If during or after use/exposure you begin to feel unwell, seek medical attention bringing a copy of the product label/the SDS</i>  |
| Inhalation:     | <i>If Inhaled: Remove person to fresh air and keep comfortable for breathing</i>  |
| Absorption:     | <i>n/a</i>  |
| Ingestion:      | <i>If Swallowed: Rinse mouth thoroughly with water, Give plenty of water. Do NOT induce vomiting.</i>   |
| Injection:      | <i>n/a</i>  |
| Skin Contact:   | <i>If on skin: wash area with plenty of water. Take off contaminated clothing and wash it before reuse. If skin irritation occurs: get medical attention</i>  |
| Eye Contact:    | <i>Rinse cautiously with water for several minutes. Remove contact lenses if present and easy to do. Continue rinsing. Do not rub, product is mechanically abrasive. If irritation persists, 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.

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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 | <i>A. Owen</i> | 20.10.2022 |

## ASSESSMENT REVIEW PROGRAM

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

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|---------------------------------|---------------|-----------|-------------------|
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|---------------------------------|---------------|-----------|-------------------|
| Reason for review:              | Annual Review | Changes   | Accident/Incident |

### MANUFACTURER:

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