| **Document No: APC103** | | | | | | | | | |
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| **Division:** Ark | | | | **Site / Location:** As Required | | | | | |
| **Supplier details:**  PestFix, Units 1-3 Cedar Park, 30 Terminus Road, Chichester, West Sussex, PO19 8GT  Email: [sales@pestfix.co.uk](mailto:sales@pestfix.co.uk) Telephone number: 01903 538488 | | | | | | | | | |
| **Name of substance and any supplier reference numbers:**  RodentFix BB Bromadiolone 50 Block Bait | | | | | | | | | |
| **Relevant Identified Uses:**  Main use category : Professional use, Industrial use  Use of the substance/mixture : Ready for use Rodenticide containing 50ppm Bromadiolone  Refer to the product label directly for full usage instructions and limitations. | | | | | | | | | |
| **Number of personnel exposed** | **Direct** | **Indirect** | | **Client** | **Sub Contractor** | | **Public** | | **Others** |
| **1** | **0** | | **0** | **0** | | **0** | | **0** |
| **Substances used / exposed to?** | **Quantity used** | **Frequency** | | **SDS Yes/No** | **WEL** | | **Hazards** | | **Exposure route** |
| **Ingredients**   * Bromadiolone 0.005% * Ethyl vanillin <1% * 2,2'-Imino Diethanol <0.1% * 1,2-BENZISOTHIAZOLIN-3-ONE <0.1% * Denatonium Benzoate <0.1% | As per product label following site survey. | As per product label following site survey. | | Yes | No occupational exposure limit available | |  | | Ingestion  Skin Contact |
| Do any of the substances produce a significant risk to health? | | **H360 May damage the unborn child.**  **H372 Causes damage to organs (blood) through prolonged or repeated exposure.** | | | | | | | |
| Can any of the substances be replaced with less hazardous substances? | | **No** | | | | | | | |
| **What measures are provided to control the risk?** | | | | | | | | | |
| **Ventilation** | General | |  | | |  | |  | |
| **PPE – state the type.** | Tick the PPE Required:   |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | Face Visor | Goggles | Safety Glasses | Safety Shoes | Overall/ Uniform | Apron (coveralls) | Dust Mask | Fume/ Vapour  Mask | Protective  Gloves | |  |  |  |  | **✓** |  |  |  | **✓** |   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.  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. | | | | | | | | |
| **Management Controls**  Refer to the hierarchy of control in procedure V(P)213, page 3 | **Precautions for safe handling:**  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.  **Conditions for safe storage, including any incompatibilities**  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. | | | | | | | | |
| **Are the control measures adequate?** | **Yes** | | | | | | | | |
| **Is health surveillance required?**  **(Consult your local QHSE Advisor)** | **No** | | | | | | | | |
| **Are there any specific emergency procedures necessary related to the use or storage of any of the substances?** | **No** | | | | | | | | |
| **Are there any specific requirements related to the disposal of any of the substances in use?** | Dispose of in accordance with applicable regional, national, and local laws and regulations.  Dispose of Contaminated packaging as unused product unless fully cleaned.  Waste class Waste disposal key number from EWC is 20 01 19 (Pesticides) | | | | | | | | |
| **What information, instruction and training are required for operatives using the substance or carrying out the process?** | * All operatives are required to complete a Health & Safety induction (including training on correct use of PPE, storage, and transport of pest control products), training, and receive instruction and assessment in the use of substance before being deemed competent to carry out the process. * Operatives instructed to follow CoSHH and Risk Assessment in the transport, storage, and application of substance. * Risk Assessment on rodenticide use available on Smart Phone and in site folder (if applicable). * CoSHH Assessment for product available on Smart Phone and in site folder (if applicable). * Manufacturer’s Safety Data Sheet available from:  1. Log on to pest-alert: <http://pestalert.vergo.>uk 2. Contact Vergo by e-mail: [info@vergo.uk](mailto:info@vergo.uk) 3. Contact Vergo by telephone: 0344 335 0330 | | | | | | | | |
| **First aid measures in the event of accidental exposure?** | **General information**: 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 antidotal. Determin 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.  **Inhalation** Due to the physical nature of this product, exposure by this route is unlikely. Seek medical attention if symptoms persist.  **Ingestion:** Rinse mouth. Do not induce vomiting. Get medical attention immediately.  **Skin contact:** 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.  **Eye contact:** May cause eye irritation to susceptible persons. Rinse immediately with plenty of water and seek medical advice | | | | | | | | |
| **When was the information, instruction and training provided?** | Enter who provided the training and date?  **Refer to technicians training record.** | | | | | | | | |
| **CoSHH Assessor** | Print Name: | | | | Signature: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Date of assessment** |  | | | | Date for review | | | | |