| **Document No: APC108** | | | | | | | | | |
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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:**  Vertox Gel | | | | | | | | | |
| **Relevant Identified Uses:**  Main use category : Professional use, Industrial use  **Contains:** Brodifacoum 0.005% w/w and denatonium benzoate 0.001% w/w.  **Control:** Mice.  **Application:** Indoors only. | | | | | | | | | |
| **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**   * Brodifacoum 0.005% w/w and denatonium benzoate 0.001% w/w | 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? | | **H360D May damage the unborn child.**  **H373 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 | |  |  |  |  | **✓** |  |  |  | **✓** |   Avoid contact with eyes.  Wash clothing regularly.  Wearing gloves is mandatory. Waterproof gloves according to NF EN374. | | | | | | | | |
| **Management Controls**  Refer to the hierarchy of control in procedure V(P)213, page 3 | **Precautions for safe handling:**  Exercise the greatest care when handling or opening the container.  Don't use empty container before they have been cleaned.  Before making transfer operations, assure that there aren't any incompatible material  residuals in the containers.  Contaminated clothing should be changed before entering eating areas.  Do not eat or drink while working.  **Conditions for safe storage, including any incompatibilities**  Store in original container, tightly closed  Keep in a dry and cool place.  Keep out of reach of children  Keep away from sources of ignition - No Smoking.  Keep away from food and drink and animal feeding stuffs  Store in places prevented from the access of children, birds, pets and farm animals.  **Environmental precautions**  Do not allow to enter into soil/subsoil. Do not allow to enter into surface water or drains. Retain contaminated washing water and dispose it.  In case of gas escape or of entry into waterways, soil or drains, inform the responsible  authorities. Suitable material for taking up: absorbing material, organic, sand. | | | | | | | | |
| **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?** | Waste treatment methods  Recover, if possible. Send to authorised disposal plants or for incineration under controlled conditions. In so doing, comply with the local and national regulations currently in force. | | | | | | | | |
| **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?** | **In case of skin contact:**  Areas of the body that have - or are only even suspected of having - come into contact  with the product must be rinsed immediately with plenty of running water and possibly  with soap.  Wash with plenty of water and soap.  Wash thoroughly the body (shower or bath).  Remove contaminated clothing immediately and dispose off safely.  In case of skin or eye contact, immediately and thoroughly wash with water.  Seek medical attention if ill effect or irritation develops  **In case of eyes contact:**  In case of contact with eyes, rinse immediately with plenty of water and seek medical  advice.  Rinse the eye slowly and gently with water for 15-20 minutes  Remove contact lenses if present  Seek medical advice immediately  **In case of Ingestion:**  Do not under any circumstances induce vomiting. OBTAIN A MEDICAL EXAMINATION  IMMEDIATELY.  Do not give anything by mouth.  Do not induce vomiting.  In case of ingestion, rinse mouth with water.  **In case of Inhalation:**  Remove casualty to fresh air and keep warm and at rest.  In case of inhalation, breath fresh a | | | | | | | | |
| **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 | | | | |