| **Document No: APC98**  |
| --- |
| **Division:** Ark | **Site / Location:** As Required |
| **Supplier details:**PestFix, Units 1-3 Cedar Park, 30 Terminus Road, Chichester, West Sussex, PO19 8GTEmail: sales@pestfix.co.uk Telephone number: 01903 538488 |
| **Name of substance and any supplier reference numbers:**Sapphire Grain |
| **Relevant Identified Uses:**Main use category : Professional useUse of the substance/mixture : Ready To Use Rodenticide (PT-14 Biocidal Product)Use of the substance/mixture : Rodenticides |
| **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%
 | As per product label following site survey. | As per product label following site survey. | Yes | No occupational exposure limit available |  | IngestionSkin Contact |
| Do any of the substances produce a significant risk to health?  | **H360 May damage the unborn child.****H373- May cause damage to organs 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/ VapourMask | ProtectiveGloves |
|  |  |  |  | **✓** |  | **✓** |  | **✓** |

Avoid contact with eyesWaterproof gloves according to NF EN374Wearing gloves is mandatory.Respiratory Protection Class FFP1 |
| **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 materialresiduals in the containers.Contaminated clothing should be changed before entering eating areas.Do not eat or drink while working.**Conditions for safe storage:**Store in original container, tightly closedKeep in a dry and cool place.Keep away from food and drink and animal feeding stuffsKeep out of reach of childrenStore in places prevented from the access of children, birds, pets and farm animals.Always keep the containers tightly closed.Keep away from food, drink and feed.Instructions as regards storage premises: Adequately ventilated premises.Prevent access to children, pets and non-target animals.Avoid release in the environmentAvoid release in watercourses and sewersPlace baits in areas not submersible and weatherproof.Hazardous to wildlife. |
| **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?** | Regional legislation (waste) : Do not dispose of with domestic waste.Waste treatment methods : Dispose of contents/container in accordance with licensed collector’s sorting instructions |
| **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
3. Contact Vergo by telephone: 0344 335 0330
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| **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 contactwith the product must be rinsed immediately with plenty of running water and possiblywith soap.Wash with plenty of water and soap.Wash thoroughly the body (shower or bath).Remove contaminated clothing immediately and dispose off safely.Remove contaminated clothing, wash skin with soap and rinse thoroughly with water.Do not use solvents or thinners.Thoroughly wash with soap and water**In case of eyes contact:**In case of contact with eyes, rinse immediately with plenty of water and seek medicaladvice.Wash thoroughly under a trickle of water (warm if possible) for several minutes, holding the eyelids open under the stream of water. Seek medical attention if ill effect or irritation develops**In case of Ingestion:**Do not under any circumstances induce vomiting. OBTAIN A MEDICAL EXAMINATIONIMMEDIATELY. Immediately consult a physician and show the label. Do not induce vomiting. Rinse mouth.Do not give anything by mouth**In case of Inhalation:**Remove casualty to fresh air and keep warm and at rest.In case of inhalation, breathe fresh air and have a rest. In case of faintness, consult aphysician and show the label. This product contains an anticoagulant substance. If ingested, symptoms, which may be delayed, may include nosebleed and bleeding gums. In severe cases, there may be bruising and blood present in the faeces or urine. |
| **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  |