



# CoSHH Assessment

## Document No:

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:

MoBe Roach Gel

### Relevant Identified Uses:

Main use category : Professional use

Industrial/Professional use spec : For professional use only










Use of the substance/mixture : Insecticide

Refer to product label for detail on use and restrictions.

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
<b>Ingredients:</b> <ul style="list-style-type: none"> <li>Imidacloprid 1-3%</li> </ul>	As per product label following site survey.	As per product label following site survey.	Yes	Sodium hydroxide WEL STEL (OEL STEL) 2 mg/m <sup>3</sup>		Ingestion  Skin Contact
Do any of the substances produce a significant risk to health?	No					
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:					



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	 Face Visor	 Goggles	 Safety Glasses	 Safety Shoes	 Overall/Uniform	 Apron (coveralls)	 Dust Mask	 Fume/Vapour Mask	 Protective Gloves
<b>Management Controls</b> Refer to the hierarchy of control in procedure V(P)213, page 3	<p><b>Precautions for safe handling:</b>            Ensure good ventilation of the work station. Wear personal protective equipment. Hygiene measures : Do not eat, drink or smoke when using this product. Always wash hands after handling the product.</p> <p><b>Conditions for safe storage, including any incompatibilities</b>            Store in a well-ventilated place. Keep cool.</p>								
<b>Are the control measures adequate?</b>	<b>Yes</b>								
<b>Is health surveillance required?</b> (Consult your local QHSE Advisor)	<b>No</b>								
<b>Are there any specific emergency procedures necessary related to the use or storage of any of the substances?</b>	<b>No</b>								
<b>Are there any specific requirements related to the disposal of any of the substances in use?</b>	Dispose of contents/container in accordance with licensed collector's sorting instructions.								
<b>What information, instruction and training are required for operatives using the substance or carrying out the process?</b>	<ul style="list-style-type: none"> <li>All operatives are required to complete a Health &amp; 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.</li> <li>Operatives instructed to follow CoSHH and Risk Assessment in the transport, storage, and application of substance.</li> <li>Risk Assessment on rodenticide use available on Smart Phone and in site folder (if applicable).</li> <li>CoSHH Assessment for product available on Smart Phone and in site folder (if applicable).</li> <li>Manufacturer's Safety Data Sheet available from:</li> </ul>								



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	<a href="https://arkpestcontrol.com/coshh-msds-labels">https://arkpestcontrol.com/coshh-msds-labels</a>	
<b>First aid measures in the event of accidental exposure?</b>	<b>First-aid measures after inhalation :</b> Remove person to fresh air and keep comfortable for breathing. <b>First-aid measures after skin contact :</b> Wash skin with plenty of water. <b>First-aid measures after eye contact :</b> Rinse eyes with water as a precaution. <b>First-aid measures after ingestion :</b> Call a poison center or a doctor if you feel unwell	
<b>When was the information, instruction and training provided?</b>	Enter who provided the training and date? <b>Refer to technicians training record.</b>	
<b>CoSHH Assessor</b>	Print Name:	Signature:
<b>Date of assessment</b>		Date for review