| **Document No:**  |
| --- |
| **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:**ORGAN-X PRO FREEZE |
| **Relevant Identified Uses:**Recommended use:Aerosol for Insect freezeRefer 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** |
| **Ingredients:*** Butane <80%
* Propane <40%
 | As per product label following site survey. | As per product label following site survey. | Yes | Nil |  | InhalationSkin 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:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Face Visor | Goggles | Safety Glasses | Safety Shoes | Overall/ Uniform | Apron (coveralls) | Dust Mask | Fume/ VapourMask | ProtectiveGloves |
|  |  |  |  |  |  |  | **✓** |  |

Use adequate protective respiratory equipment. |
| **Management Controls**Refer to the hierarchy of control in procedure V(P)213, page 3 | **Precautions for safe handling:**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, including any incompatibilities**Always keep in a well ventilated place.Store at below 20 °C. Keep away from unguarded flame and heat sources. Avoid directexposure to sunlight.Keep away from unguarded flame, sparks, and heat sources. Avoid direct exposure tosunlight.Keep away from food, drink and feed.Incompatible materials: None in particular.Instructions as regards storage premises: Cool and adequately ventilated. |
| **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?** | Recover if possible. 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:

<https://arkpestcontrol.com/coshh-msds-labels> |
| **First aid measures in the event of accidental exposure?** | **First-aid measures after inhalation :** Remove person to fresh air and keep comfortable for breathing.**First-aid measures after skin contact :** Wash skin with plenty of water.**First-aid measures after eye contact :** Rinse eyes with water as a precaution**.****First-aid measures after ingestion :** Call a poison center or a doctor if you feel unwell |
| **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 |