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| University of Glasgow logo | | | CoSHH Assessment | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment Title:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment Reference Number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **School / Service / Location:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Safety Coordinator:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Details of Hazardous Substances** (Please attach safety datasheets where available) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name of Substance**  (Include all substances used or produced) | | **Quantity**  **kg / g / ml** | | | **Physical Form** | | | **GHS Hazard Classification** (Tick all that apply) | | | | | | | | | | | | | | | | | | | | |
| Image result for ghs explosive | | | | Image result for ghs flammable | | | Image result for ghs oxidiser | Image result for ghs compressed | | | | Image result for ghs irritant | Image result for ghs corrosive | | | Image result for ghs toxic | | Image result for ghs explosive | | Image result for ghs oxidiser |
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| **Special Hazards** (\*Separate risk assessment may be required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Image result for ghs explosive  **Carcinogenic Substance** | **Details:** | | | | | | Image result for ghs irritant  **Skin**  **Sensitiser** | | | | **Details:** | | | | | | | | Image result for ghs explosive  **Respiratory Sensitiser** | | | | **Details:** | | | | | |
| **Biological**  **Material\*** | **Details:** | | | | | | Image result for radiation  **Radioactive Substances\*** | | | | **Details:** | | | | | | | | Image result for wikimedia commons flammable  **Explosive Atmosphere\*** | | | | **Details:** | | | | | |
| **Further Details / Other Special Hazards:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exposure to Hazardous Substances** | | | | | | | | | | | | | | | | | | | | | **Workplace Exposure Limits** | | | | | | | |
| **Substance** | | **Possible Exposure Route** (Please tick) | | | | | | | | | | | | | | | | | | | **8h TWA** | | | | | | **15min STEL** | |
| **Inhalation** | | | | **Ingestion** | | | **Skin** | | | | | **Injection** | | | | **Other (State)** | | |
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| **Description of Activity** (Continue on a separate sheet if required) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Persons at risk:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Summary of Control Measures** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessment of the risks from exposure to substances involved in this procedure (include any existing control measures already in place)** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Risk Rating (Before Control)** | | | | **High** | | | | | | | | | **Medium** | | | | | | | | | **Low** | | | | | | |
| **Procedural Controls**  (e.g. lone working, hygiene) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Engineering Controls**  (e.g. fume cupboard) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **PPE Requirements**  (Please give details)  \*\*Face fit testing required | | | | **Dust Mask\*\*** | | | | | |  | | | | | | | **Gloves** | | | | | | | |  | | | |
| **Respirator\*\*** | | | | | |  | | | | | | | **Footwear** | | | | | | | |  | | | |
| **Eye Protection** | | | | | |  | | | | | | | **Protective Clothing** | | | | | | | |  | | | |
| **Face Shield** | | | | | |  | | | | | | | **Other (Specify)** | | | | | | | |  | | | |
| **Instruction and Training** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervision Required?** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Other safety precautions:**  (Including specialist first aid requirements) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **New Risk Rating** | | | | **High** | | | | | | | | | **Medium** | | | | | | | | | **Low** | | | | | | |
| **Supporting Information Checklist** (Include details for each where relevant) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Waste Disposal** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Emergency Procedures**  (including spill / leak control) | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Atmospheric Monitoring** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Health Surveillance** | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supporting Risk Assessments**  (Please attach where relevant) | | | | **Biological** | | | | | | | | | **DSEAR** | | | | | | | | | **Radiation** | | | | | | |
| **Assessment Details** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assessed By:** | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | |
| **Approved By:** | | | | | | | | | | | | | | | | | | | **Date:** | | | | | | | | | |
| **Date of next review:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Description of Activity** (Continuation sheet) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **Continuation sheet number:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

**CoSHH Assessment Acknowledgement**

By signing this document I acknowledge that I have read and understood the attached CoSHH assessment and have familiarised myself with the safety control measures and protective equipment necessary to carry out the task safely. I hereby agree to follow the safe system of work required and implement the required safety procedures fully.

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| **Full Name** | **Signature** | **Date Completed** |
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