1. **Department: Ref no:**

|  |
| --- |
| **Substance / Activity** |
| **Is there a safe system of work for the activity?**  | **Yes / No** |
| **Can the hazardous substance be substituted with a safer alternative?** | **Yes / No** |

|  |  |  |  |
| --- | --- | --- | --- |
| **Product / Trade Name / Mixture etc** | **Hazard Classification** (Corrosive, Hazardous to the environment, Health Hazard, Explosive, Oxidising, etc) | **Chemical Nature** (Aerosol, dust, fume, gas, liquid, powder, etc) | **Route of Entry / Exposure** (Absorption, Ingestion, Inhalation, Injection, Splash) |
|  |  |  |  |
|  |  |  |  |

|  |  |
| --- | --- |
| **Individuals or groups exposed** | Staff groups / Patients / visitors |
| **Duration of exposure eg. hours / day** |  |
| **Estimated level of exposure\*** | High / Medium /Low / Negligible |

\*Contact Occupational Hygienist / Health & Safety Practitioner for advice if required

|  |  |
| --- | --- |
| **Does the substance have a Workplace Exposure Limit? (WEL)**  | **Yes\* / No**  |

\*Contact Health & Safety Practitioner for advice if required

|  |  |
| --- | --- |
| **Is a Safety Data Sheet Available?** | **Yes / No** |

1. **Existing Precautions**

|  |  |
| --- | --- |
| **Summarise current controls in place** Include any procedures for Storage, Transport, Handling, Disposal and Maintenance as well as the general use of the substance.  | **Describe how they might fail to prevent adverse outcomes.** |
|  |  |

|  |
| --- |
| **Emergency Procedures** |
| **First Aid** | **Spillages** |

1. **Level of Risk**

Is the control of this risk adequate? Give more than one risk level if the assessment covers a range of circumstances. You can use the ‘matrix’ to show how ‘likelihood’ and ‘consequences’ combine to give a conclusion. Also, be critical of existing measures: if you can think how they might fail, or how they could be improved, these are indications of a red or orange risk.

**Risk Matrix**

|  |  |  |
| --- | --- | --- |
| Likelihood | **Impact / Consequences** |  |
|  | Negligible | Minor | **Moderate** | **Major** | **Extreme** |
| **Almost Certain** | **Medium** | **High** | **High** | **V High** | **V High** |
| **Likely** | **Medium** | **Medium** | **High** | **High** | **V High** |
| **Possible** | **Low** | **Medium** | **Medium** | **High** | **High** |
| **Unlikely** | **Low** | **Medium** | **Medium** | **Medium** | **High** |
| **Rare** | **Low** | **Low** | **Low** | **Medium** | **Medium** |

Risk Level(s), tick here: **Very High High** **Medium** **Low**

|  |  |
| --- | --- |
|  **Health Surveillance / Atmospheric Monitoring** |  |
| Is Health Surveillance or Atmospheric Monitoring of staff required? (If yes, contact the Occupational Health Service/ Occupational Hygienist) | Yes / No |

|  |  |
| --- | --- |
| **New & Expectant Mothers** |  |
| Are additional control measures required for new & expectant mothers? | Yes / No |
| If yes, please specify: |

1. **Action Plan -** if risk level isHigh (Orange) or Very High (Red)

Use this part of the form for risks that require action. Use it to communicate, with your Line Manager or Risk Coordinator or others if required. If using a copy of this form to notify others, they should reply on the form and return to you. Check that you do receive replies.

Describe the measures required to make the work safe. Include hardware – engineering controls, and procedures. Say what you intend to change. If proposed actions are out with your remit, identify them on the plan below but do not say who or by when; leave this to the manager with the authority to decide this and allocate the resources required.

|  |  |  |  |
| --- | --- | --- | --- |
| **Proposed actions to control the problem**List the actions required. If action by others is required, you must send them a copy | **By Whom** | **Start date** | **Action due date** |
|  |  |  |  |

# Action by Others Required - Complete as appropriate: (please tick or enter YES, name and date where appropriate)

|  |  |
| --- | --- |
| **Report up management chain for action** |  |
| **Report to Estates for action** |  |
| **Contact advisers / specialists**  |  |
| **Alert your staff to problem, new working practice, interim solutions, etc** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessor** | **Designation** | **Date** | **Review**  |
| **Manager** |  |  |  |

1. **Staff Information and awareness**

Processes for ensuring staff are aware of the COSHH Risk Assessment. Confirm which will apply:

* Induction processes
* Departmental training
* Departmental meetings
* Health and Safety Committee
* Other local processes (please specify):