



COSHH Summary Risk Assessment

Product Name/group:



PEAK DISTRICT NATIONAL PARK

Describe the activity or work process.
(Inc. how long/ how often this is carried out and quantity of substance used)

Location(s) of process being carried out?

Identify the persons at risk:

Employees
(inc. volunteers)

Others *(at work)*

Public

Classification *(choose all that apply)*

 <input type="checkbox"/> Toxic	 <input type="checkbox"/> Oxidising	 <input type="checkbox"/> Gas Under Pressure
 <input type="checkbox"/> Harmful/ Irritant	 <input type="checkbox"/> Flammable	 <input type="checkbox"/> Carcinogen
 <input type="checkbox"/> Corrosive	 <input type="checkbox"/> Explosive	 <input type="checkbox"/> Dangerous for the environment

Hazard Type *(choose all that apply)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	Vapour	Mist	Fume	Dust	Liquid	Solid	Other (State)

Route of Exposure *(choose all that apply)*

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Inhalation	Skin	Eyes	Ingestion	Other (State)

Workplace Exposure Limits (WELs) if any? *please indicate n/a where not applicable*

Long term (8hr TWA)

Short term (15 minutes)

State the Risks to Health from Identified Hazards









Control Measures:

Is health surveillance or monitoring required?
(if 'yes' add details above)

Yes

No

Personal Protective Equipment required *(state type and standard – choose all that apply)*

 <input type="checkbox"/>		 <input type="checkbox"/>	
Dust mask		Visor	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Respirator		Goggles	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Gloves		Overalls	
 <input type="checkbox"/>		 <input type="checkbox"/>	
Footwear		Other	

First Aid Measures (include anything above that normally provided)

Storage

Disposal of Substances & Contaminated Containers

As normal waste As hazardous waste Return to Supplier Other

(If Other Please State):

Is exposure currently adequately controlled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If 'no' identify further control measures to be adopted

Assessed/reviewed by: (Name and post)	Date:
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