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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) |
|  |
| **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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