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| **Company Name**Site: |  | **COSHH** **Assessment** |
|  |  |  |  |  |
| Supplier: | Jewson | COSHH Number | 13 |
|  |  | page 1 |
| Assessment By: | Activity: Cleaning of brickwork using brush | Review Date | Assessment Date |
|  |  |  |  |
|  | Persons/Groups at Risk |  |  |
|  | Operatives, other contractors, public |  |  |

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| **NAME OF HAZARDOUS SUBSTANCE USED OR CREATED** |
| **Substance: BRICK ACID**

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| Flammable |  | Oxidising |  |  |  | http://www.hse.gov.uk/chemical-classification/images/pictogram-gallery/irritant.gif |  | Health hazard |  | Corrosive |
| **FLAMMABLE** |  | **OXIDISING** |  | **EXPLOSIVE** |  | **IRRITANT** |  | **HARMFUL** |  | **CORROSIVE** |
| **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | NO |
|  |  |  |  |  |  |  |  |  | **✓** |  |  |  |  |  | **✓** |  |
| Insert ✓ in appropriate boxes |
|  |  | Toxic |  |  |  |  |  |  |  |  |
| **COMPRESSED GAS** |  | **TOXIC** |  | **HARMFUL TO THE EINVIRONMENT** |  |  |  |  |  |  |
| **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | NO |
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| Insert ✓ in appropriate boxes |

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| Please add comments into boxes where required. | Insert ✓ in appropriate boxes | **YES** | **NO** |
| Is Manufacturers Safety Data Sheet available? |  | ✓ |  |
| Does the Substance have a Workplace Exposure Limit (WEL)?  |   | ✓ |  |
| If the substance has a WEL please state. if un-sure check HSE document – EH40 | 1PPM per 8 hour period,2mg-m3 | ✓ |  |
| Can a safer substance be used or can the substance be enclosed or extracted. |  | ✓ |  |
| Will employees be given information and training? |  | ✓ |  |
| Will Personal Protective Equipment be provided for employees? |  |
|  State the standard of RPE (respirators) | Not normally required where area is well ventilated |  | ✓ |
|  State the standard of Goggles or Spectacles | BSEN 166 3 goggles |  |  |
|  State the standard of Gloves | Wear chemical resistant gloves (neoprene or nitrile) Contact glove supplier for exact type. Gloves to be changedat least every 4 hours. | ✓ |  |
|  State the standard of Overalls | Acid resistant coveralls | ✓ |  |
|  State the standard of Boots | BS EN 345 | ✓ |  |
|  Other Equipment | Attach details if YES |  | ✓ |
| Will Exposure Monitoring and/or Control Measures be required? | Attach details if YES |  | ✓ |
| Will Health Surveillance be necessary? | Attach details if YES |  | ✓ |
| Does this Substance need to be disposed of by a Waste Disposal Contractor? | ✓ |  |
| Have all necessary First-aid requirements been provided? |  | ✓ |  |
| Have Storage requirements for the substance been provided/arranged on site? |  | ✓ |  |
| **FIRST AID, FIRE FIGHTING, STORAGE & HANDLING, DISPOSAL AND ACCIDENTAL RELEASE INSTRUCTIONS ARE PROVIDED ON PAGES 2 & 3** | **Number of Sheets attached to this Assessment** |  |
| FIRST AID INSTRUCTIONS |
| **Route of Exposure, or****Type of Injury** | **First Aid Treatment** |
| Skin Contact  | Immediately remove contaminated clothing and wash before re-use. Wash the skin immediately with soap and water. Get medical attentionif irritation persists after washing. |
| Eye Contact  | Promptly wash eyes with plenty of water or eye wash solution while lifting the eyelids.If possible remove any contact lenses and continue towash. Get medical attention. |
| Inhalation  | Remove victim immediately from source of exposure. Provide rest, warmth and fresh air. Get medical attention if any discomfortcontinues |
| Ingestion | Do not induce vomiting. Immediately rinse mouth and drink plenty of water. Get medical attention immediately! |
| General Information |  |

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| **FIRE FIGHTING MEASURES** |
| **Hazard** | **Measures** |
| Fire  | The product is non-combustible. Use fire-extinguishing media appropriate for surrounding materials. |
| Stability | Stable under normal temperature conditions. |
| Decomposition Products | None |

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| **MANUFACTURERS INFORMATION** |
| **Manufacturers Name and Address** | Reagent Chemical Services18 Aston Fields RoadWhitehouse Industrial EstateRuncornCheshire WA7 3DL |
| **Manufacturers Health & Safety Data Sheet Reference** | 2495 |
| **24 Hour Emergency Telephone Number** | 01928 716903 |
| **Regulatory Information: Warning Label Phrases** | H290 May be corrosive to metals. H314 Causes severe skin burns and eye damage. H335 May cause respiratory irritation.P260 Do not breathe vapour/ spray. P271 Use only outdoors or in a well-ventilated area. P280 Wear protective gloves/ protective clothing/ eye protection/ face protection.P305+P351+P338 IF IN EYES: Rinse cautiously with water for several minutes. Remove contact lenses, if present and easy to do. Continue rinsing.P310 Immediately call a POISON CENTER/ doctor. P501 Dispose of contents/ container in accordance with local regulations. |

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| **STORAGE AND HANDLING** |
| **Hazard** | **Measures** |
| Handling  | **Avoid spilling, skin and eye contact** |
| Storage | **Store in tightly closed original container in a dry and cool place.** |

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| DISPOSAL MEASURES |
| **Hazard** | Measures |
| Pollution of water courses or drains | **Dispose of waste and residues in accordance with local authority requirements.**  |

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| ACCIDENTAL RELEASE MEASURES |
| **Hazard** | Measures |
| Spillage | **Small Spillages Absorb with inert, non-combustible material. Large Spillages Dam and absorb spillages with sand, earth or other inert,****non-combustible material. Collect spillage in containers, seal securely and deliver for disposal according to local regulations. Wash****spillage site well with water and detergent, be aware of the potential for surfaces to become slippery. Containers with collected spillage****must be properly labelled with correct contents and hazard symbol. Wash thoroughly after dealing with a spillage.** |

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| USAGE/EXPOSURE |
| **Frequency and Duration of use** |  |
| **Maximum number of people involved in activity** |  |
| **Quantities stored/used** |  |
| **Exposure levels** |  |

**Safe System of Work**

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2.

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**Operatives Acknowledgement**

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| **Name:** | **Signature:** | **Date:** | **Name:** | **Signature:** | **Date:** |
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