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| **Company Name:**Site: |  | **COSHH** **Assessment** |
|  |  |  |  |  |
| Supplier: | N/A | COSHH Number | 20 |
|  |  | page 1 |
| Assessment By: | Activity: | Review Date | Assessment Date |
|  | Grinding out old cement mortar joints in brickwork |  |  |
|  | Persons/Groups at Risk |  |  |
|  | Operatives |  |  |

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| **NAME OF HAZARDOUS SUBSTANCE USED OR CREATED** |
| **Substance: Respirable Crystalline Silica** |

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| **FLAMMABLE** |  | **OXIDISING** |  | **EXPLOSIVE** |  | **IRRITANT** |  | **HARMFUL** |  | **CORROSIVE** |
| **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | **NO** |  | **YES** | NO |
|  |  |  |  |  |  |  |  |  |  |  |  | **✓** |  |  |  |  |
| Insert ✓ in appropriate boxes |
|  |  |  |  |  |  |  |  |  |  |  |
| **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 and add comment below | **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 | 0.1 mg/m3 (8hr TWA) |  |  |
| 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) | FFP3 mask | ✓ |  |
|  State the standard of Goggles or Spectacles | BS EN166 B Goggles | ✓ |  |
|  State the standard of Gloves | BS EN 388 | ✓ |  |
|  State the standard of Overalls |  |  | ✓ |
|  State the standard of Boots | BS EN345 | ✓ |  |
|  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 and welfare requirements been provided? |  | ✓ |  |
| Have Storage requirements for the substance been provided / arranged on site? |  | **N/A** |  |
| **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  |  Wash with soap and water |
| Eye Contact  | The affected area should be irrigated immediately with cold running water or sterile eye wash and medical attention sought. |
| Inhalation  | Remove the affected person to fresh air. Obtain medical assistance immediately. |
| Ingestion | Ingestion is highly unlikely in normal circumstances |
| General Information |  |

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| **FIRE FIGHTING MEASURES** |
| **Hazard** | **Measures** |
| Fire  | N/A |
| Stability | Stable |
| Decomposition Products | N/A |

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| **MANUFACTURERS INFORMATION** |
| **Manufacturers Name and Address** | N/A |
| **Manufacturers Health & Safety Data Sheet Reference** | N/A |
| **24 Hour Emergency Telephone Number** | N/A |
| **Regulatory Information: Warning Label Phrases** | N/A |

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| **STORAGE AND HANDLING** |
| **Hazard** | **Measures** |
| Handling  | Avoid prolonged skin contact. Wear PVC or Nitrile gloves |
| Storage |  N/A |

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| DISPOSAL MEASURES |
| **Hazard** | Measures |
| Pollution of water courses or drains | Do not allow run off from water suppression to enter drains  |

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| ACCIDENTAL RELEASE MEASURES |
| **Hazard** | Measures |
| Spillage | N/A |

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| USAGE/EXPOSURE |
| **Frequency and Duration of use** | Daily for up to 8 hours |
| **Maximum number of people involved in activity** | 1 to 6 |
| **Quantities stored/used** | N/A |
| **Exposure levels** | WEL is unlikely to be exceeded if dust extraction is used and RPE worn correctly |

**Safe System of Work**

1. Grinders must have dust extraction fitted and working correctly. Ensure filters and bags are checked, cleaned and emptied regularly (wearing dust mask).

2. FFP3 disposable dust masks to be worn at all times in addition to extraction. Masks must have been fit tested for each operative.

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**Operatives Acknowledgement**

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