

# COSHH Risk Assessment Checklist

## Manufacturing

### ASSESSMENT COMPLETED BY

Signature of the Assessor

SIGNATURE

### CONTROLS

Please select the kind of controls that are currently in place?

- ☐ Total enclosure of process ☐ Partial enclosure of process ☐ General workplace ventilation  
☐ Wet methods ☐ Respiratory protection ☐ Eye protection ☐ Gloves ☐ Protective overalls  
☐ Rubber apron ☐ 1 ☐ Other ☐ 1

If Other is selected in the above, please provide an explanation

Please select the options for which First Aid was available?

- ☐ Inhalation ☐ Skin ☐ Eyes ☐ Ingestion

Please elaborate on the Environmental effects that these Hazards could cause ?

Please select the overall assessment of risk with regard to current usage of this substance

Low

Medium

High

### HAZARD CHECKS

Please select the severity which the Hazard could cause?

Very Toxic

Toxic

Corrosive

Oxidising

Irritant

Harmful

Extremely flammable

Highly flammable

flammable

Please describe the activity or the work process

Please mention the location where the process is being carried out

Are any Hazardous substances being produced in any of the processes?

Please select the people who are at risk

☐ Employees ☐ Contractors ☐ Trainees ☐ Visitors ☐ Members of Public

Please select the type of Hazard

☐ Gas ☐ Vapour ☐ Mist ☐ Fumes ☐ Dust ☐ Liquid ☐ Solid ☐ Other

If Other is selected in the above, please specify the nature of Hazard type?

Please select the route of exposure?

☐ Inhalation ☐ Skin ☐ Eyes ☐ Ingestion

If Other is selected in the above, please specify state type?

## IMPROVEMENT AREAS

Do you think if the current controls are effective or not?

Yes

No

NA

Does the MSDS suggest any controls that are not in place

All Complaint

Not all Complaint

Is air monitoring proper?

Yes

No

Can the process be re-engineered

Yes

No

NA

Has the use of an alternative less dangerous substance been considered?

Yes

No

NA

## REVIEW

Date of Next Review

DATE

2017-01-01