



Control of Substances Hazardous to Health Regulations Risk Assessment Form

FORM HS2 (Activities using only proprietary purchased materials)

Assessor: This form should be used to undertake the risk assessment of activities that include the use of hazardous substances. Any significant points and/or control measures that the user must follow to ensure that the activity is carried out safely and with minimum risk to their health, or that of others should be conveyed to them using the Safe System of Work Form appended. That form should be signed as having been read and understood, by the user, and kept in a prominent place in the workplace.

School/Management Unit		Assess. No.	
Title of Activity			
Location(s) of Work			

Assessor: *insert brief description of work activity*

Avoidance/substitution

Assessor: *You must consider whether the above activity can be undertaken without the use of hazardous substances, or whether a substance less hazardous than that presently used, can be substituted. If either of the above options is available then that option must be implemented. If avoidance/substitution is not an option then you should continue assessing the risk associated with the hazardous substances and formulate a safe system of work.*

Safety Data Sheets for the substances used in the activity can be located at:
(Assessor: state where SDS can be readily accessed)

Hazard Identification

Assessor: Ensure that Material Safety Data Sheets (MSDS) have been obtained from the supplier. You should refer to the information in the MSDS when undertaking this risk assessment.

I. Name the substance or group of substances (trade name) to be used, or produced, in the above activity and list in the left column below. **II.** From the MSDS information classify each of the substances according to one, or more, of the following categories: - Very toxic (T+), Toxic (T), Harmful (Xn), Harmful Irritant (Xi), Corrosive (C), also state if denoted a Respiratory Sensitiser (Sen) or, can be absorbed through the skin (Sk). **III.** State any Hazard statements denoted in the SDS (pre 1st December 2010 state risk phrases (CHIP classification and labelling)).

HAZARD RATINGS		
I. Name of chemical(s) or substances	II. Classification	III. Hazard statements

Exposure Routes

Assessor: State the route(s) by which the substance may cause harm. (Tick the relevant boxes ✓)

Skin Contact		Eye Contact		Inhalation		Ingestion		Injection	
--------------	--	-------------	--	------------	--	-----------	--	-----------	--

Product user: If you have a compromised respiratory system e.g. asthma, bronchitis, or suffer from a skin disorder, or any other allergic reactions, you must inform your supervisor in order that suitable precautions can be taken.

Health monitoring

Is health surveillance required for the protection of the health of employees? *	Yes	No
--	------------	-----------

* This is required if the employee is working with respiratory or skin sensitisers, i.e. substances assigned hazard statements H317 or H334 (risk phrases R42 or R42/43 under CHIP). If yes, health surveillance must be arranged via the Occupational Health Unit (50-8190)

Risk Controls

Local Extract Ventilation Equipment (LEV)

Assessor: state what extract equipment is to be used and when it is to be used during the activity, if not applicable, state this in box.

--

Personal Protective Equipment

The following items of Personal Protective Equipment (PPE) will be required during all, or part of the work activity. **Assessor:** tick relevant boxes

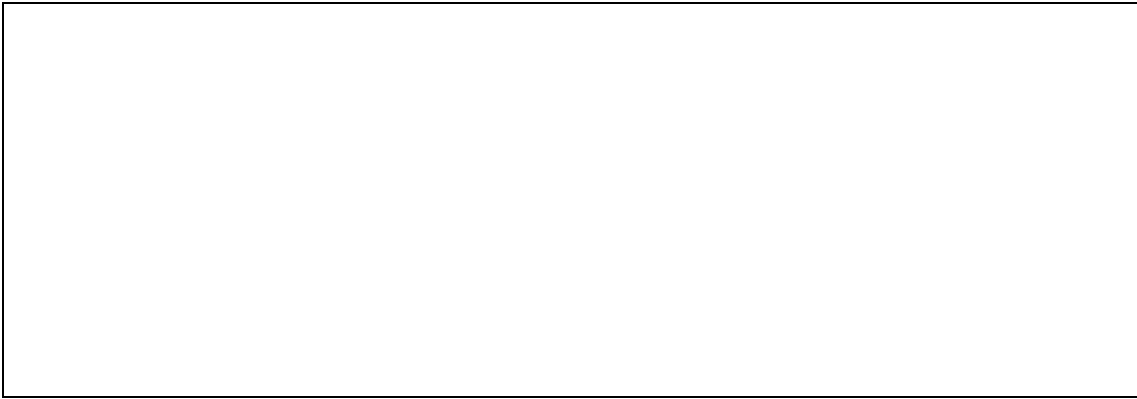
Dust coat	Coveralls	Gloves	Safety glasses	Goggles	
Face-shield	Disposable respirator	Half-face respirator	Full-face respirator		

Assessor: Gloves, include details such as glove material, or glove brand name, check the SDS, or a glove manufacturers chemical resistant chart to ensure that a glove of the correct material is specified. Respirators, in the case of re-usable respirators state filter type(s) e.g. particulate/water based mists (white), organic vapour/gases (brown), inorganic vapour/gases (grey), etc. Be aware that disposable (fabric) respirators only protect against particulate and water and oil based mists and are NOT the respirator type recommended for use in this University. (For detailed respirator guidance see SDS or contact the Health and Safety Adviser at: occupational.hygiene@ed.ac.uk)

State when during the activity the items of PPE should be worn.

Assessor: insert details of required PPE

--



Important: Respirators (RPE)

Assessor: All users of respirators that rely on a tight-fit to the face to afford a seal to provide protection must undergo a quantitative face-fit test by a competent person and a certificate of pass obtained. The user may only use the make and model of respirator stated on the test pass certificate. Certificate of pass from a previous employer is valid. If any user of tight fitting respirators does not have a face-fit test certificate from a previous employer, or from previous U of E test, testing must be arranged via your School/Unit Safety Adviser. **Wearers of tight fitting respirators must be clean-shaven in the area of the mask seal.** <http://www.ed.ac.uk/schools-departments/health-safety/guidance/ppe/rpe>

Safe System of Work (SSW)

Assessor: Detail below a work method to be followed by the user, including when in the work activity items of PPE and RPE must be worn, that ensures that any risks from use of the hazardous substance is reduced to a level that is as low as is reasonably practicable. This SSW should be transferred to the SSW Form signed by the user.

Spillage or other emergency situation

Assessor: Detail the procedures that require to be followed to safely deal with an accidental contact, spillage, accidental release, etc. include first aid procedures, manner in which a spill should be safely cleaned up and any special PPE required to be worn. (Transfer to SSW)

N.B. In case of injured person being taken to hospital copy of SDS, or product package label, should accompany them

Disposal of waste residues

Assessor: detail how waste residues of the hazardous substance can be safely disposed of, e.g. to drain with copious amounts of water, normal waste, other special. (transfer to SSW)

--

Declaration by assessor, supervisor, or other responsible persons, issuing this Safe System of Work

I have undertaken, or authorised as suitable and sufficient this risk assessment and allied SSW. I am satisfied that if the procedures outlined above, along with any control measures stipulated, are adhered to and implemented, that the risk to both those directly involved in the activity and any others who may be affected by it, will be at a level that is the lowest that is reasonably practicable to achieve. Further, I am satisfied that the operative(s) have been furnished with sufficient information and training so as to allow them to minimise the risks from the hazardous substances involved.

Risk assessment undertaken and Safe System of Work issued by:

Signature:	
Print name:	
Date SSW issued:	

NB. This risk assessment and SSW should be reviewed, renewed, or reissued as appropriate, at regular intervals, or immediately, if the task or any significant element of it alters.

Suggested date of review:	
---------------------------	--

Hazardous Substances - What you need to know

Control of Substances Hazardous to Health Regulations

Safe System of Work Form

FORM HS2 Appendix (Activities using only proprietary purchased materials)

Product user: In order to comply with the Control of Substances Hazardous to Health Regulations you must be aware of the following information regarding substances you use at work. You are required to follow the instructions outlined in order to prevent ill-health, or injury, to yourself or others.

School/Management Unit		Assess. No.	
Title of Activity			
Location(s) of Work			

Brief description of work activity

Product user: You will use the following hazardous products in the above activity.

Name of chemical(s) or substances, or trade name

During the activity the product has the potential to cause you harm by: (√)

Skin Contact		Eye Contact		Inhalation		Ingestion		Injection	
--------------	--	-------------	--	------------	--	-----------	--	-----------	--

Product user: If you have a compromised respiratory system e.g. asthma, bronchitis, or suffer from a skin disorder, or any other allergic reactions, you must inform your supervisor in order that suitable precautions can be taken.

You must wear the following protective equipment/clothing at the specified times during the activity

Protective gloves <i>(Specify type below)</i>		Respirator mask <i>(Specify type below)</i>		Special clothing <i>(Specify type below)</i>	Safety specs.		
					Goggles		
						Face-shield	
						Other	

If you are required to wear a tight fitting respirator you MUST be clean-shaven and be in possession of a face fit test certificate/card.

Safe System of Work

Product user: Below is detailed a safe system of work (how you must carry out the work activity in order to reduce potential risk and protect your health when working with the above hazardous substance(s). If the wearing of PPE is specified you must wear it.

(SSW continued)

Spillage or other emergency situation

Product user: If an accident occurs (e.g. spillage, or skin/eye contact with a corrosive) you should follow the instructions below.

N.B. In case of injured person being taken to hospital copy of SDS, or product package label, should accompany them

Disposal of waste residues

Product user: You must only dispose of waste residues of the hazardous substances in the following manner.

--

The risk assessment has identified that you will be exposed to substances that are designated as respiratory or skin sensitisers you are therefore required to contact the Occupational Health Unit (50 8190) to arrange health surveillance	Yes	No
---	------------	-----------

Declaration by operative(s) (product users) involved in the activity detailed above which involves the use of the specified hazardous substances.

I fully understand the activity outlined above and the risk control measures that I must implement, use, or wear. I have received sufficient information, instruction and training so as to enable me to conduct this activity with the minimum of risk to myself, or others.

NAME: Please print	SIGNATURE	DATE

Continue as necessary