



CoSHH Risk Assessment (Chemical)

Assessment Title	
Assessment Reference	
School / Management Unit	
Location(s) of activity	
Safety Manager	

Details of Hazardous Substances

Name of Substance (Include all substances used or produced during this activity)	Quantity	Physical Form	GHS Hazard Classification (mark all that apply)								
			 Explosive	 Flammable	 Oxidiser	 Comp. Gas	 Harmful	 Corrosive	 Toxic	 Health	 Environment

Special Hazards (*separate risk assessment may be required)

 Carcinogenic Substance	Details:	 Sensitising Chemical	Details:	 Teratogen / may harm unborn child	Details:
---	----------	---	----------	---	----------

 Biological Material*	Details:	 Radioactive Substances*	Details:	 Explosive Atmosphere*	Details:
Further details / other special hazards:					

Details of potential exposure to hazardous substances

Substance(s)	Potential Exposure Route (mark all that apply)					WEL	
	Inhalation	Ingestion	Skin	Eye	Injection	8h TWA	15min STEL

Description of Activity

Description of activity (or refer to standard operating procedures)

Person(s) at risk

Person(s) at risk

Summary of control measures

Risk Rating (before workplace control measures applied)	High	Medium	Low
Procedural Controls (e.g. lone working, hygiene)			
Engineering Controls (e.g. use of fume cupboard)			
PPE Requirements (please give details)	 Dust Mask**		 Gloves (specify type)

Face fit testing required	 Respirator		 Footwear	
	 Eye Protection		 Protective Clothing	
	 Face Shield		 Other (Specify type)	
Instruction and training				
Supervision required?				
Other safety precautions? (e.g. specialist first aid)				
Risk Rating (after workplace control measures applied)	High	Medium	Low	

Person(s) at Risk

Waste disposal procedure			
Emergency procedures			
Air monitoring required?			
Health surveillance required (please give details)			
Medical surveillance required (please give details)			
Supporting risk assessments (please attach where relevant)	Biological	DSEAR	Radiation

Assessment Verification

Assessed by		Date	
Checked and approved by		Date	
Date of next review			

Document management

Document version

Version number	Summary of change	Date and by whom
2.0	Complete refresh after consultation	17/09/26 C Harrison

Alt format

If you require this document in an alternative format please contact The Health, Safety and Wellbeing Department on health.safety@ed.ac.uk or call (0131) 651 4255