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COSHH ASSESSMENT		MOD Form 5011 01/2013	
Assessment N ^o :		Issue Number:	
		Date:	
PART 1 – WHAT IS THE PROCESS/ACTIVITY			
Process:			
Location:			
Temperature of process or environment °C		Boiling Point °C	
Are biological agents used: Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes: classification: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> exposure route:			
Has elimination or substitution of preparations or substances been considered to reduce the risk from exposure: Yes <input type="checkbox"/> No <input type="checkbox"/>		If No give details of action taken to evaluate alternative preparations or substances:	
PART 2 – SUBSTANCE & EXPOSURE POTENTIAL (Attach all data sheets)			
Products produced / Substances used	Solids (inc. dust, fumes, etc.)	Liquids (inc. vapour, mist, aerosols, etc.)	WEL
Quantity (Table 2)	Hazard Group (Table 1)		
1	<input type="checkbox"/>	<input type="checkbox"/>	
2	<input type="checkbox"/>	<input type="checkbox"/>	
3	<input type="checkbox"/>	<input type="checkbox"/>	
4	<input type="checkbox"/>	<input type="checkbox"/>	
5	<input type="checkbox"/>	<input type="checkbox"/>	
6	<input type="checkbox"/>	<input type="checkbox"/>	
Highest hazard group value:			
1. Quantity (Table 2)	x	Inhalation (Table 3)	=
			Likelihood of Exposure
OR			
2. Quantity (Table 2)	x	Volatility (Table 4)	=
			Likelihood of Exposure
Likelihood of Exposure	1 or 2 - Low	3 or 4 - Medium	6 or 9 - High
Hazard Group D & E	<input type="checkbox"/> Med	<input type="checkbox"/> High	<input type="checkbox"/> High
Hazard Group C	<input type="checkbox"/> Low	<input type="checkbox"/> Med	<input type="checkbox"/> High
Hazard Group A & B	<input type="checkbox"/> Low	<input type="checkbox"/> Low	<input type="checkbox"/> Med
High Risk - Specialist Advice	Medium Risk – Engineering/Containment	Low Risk – General ventilation	
Emergency and spill plans:			
If the initial assessment indicates that the preparation/substance(s) used in the process have a 'Highest Hazard Group value' of A or B (LOW), AND is Low Risk - general ventilation AND the safety data sheet does not specify any control measures covered in Part 4, go to Part 5 and complete the assessment; otherwise continue to Part 3.			
PART 3 – PROCESS OPERATING CONDITIONS			
Frequency of process per /day/week/month:		Duration (mins):	
Who is likely to be exposed:		<input type="checkbox"/> Process workers <input type="checkbox"/> Visitors <input type="checkbox"/> Maintenance	
		<input type="checkbox"/> Other:	
How many are likely to be exposed :		<input type="checkbox"/> 0-5 <input type="checkbox"/> 6-9 <input type="checkbox"/> >10	
Are any high risk groups likely to be exposed Yes <input type="checkbox"/> No <input type="checkbox"/> (give details):		<input type="checkbox"/> Young persons <input type="checkbox"/> Pregnant workers <input type="checkbox"/> Other:	
How is exposure likely to occur:		<input type="checkbox"/> Inhalation <input type="checkbox"/> Skin Contact <input type="checkbox"/> Eye Contact <input type="checkbox"/> Ingestion	
Hazardous properties of the substance(s) and effect of exposure:			

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PART 4 – CONTROL MEASURES (based on the 8 principles of good control practice)		
PRINCIPLE	CONTROL MEASURES	
1. Design and operate process/activity to reduce emissions, release and spread of hazardous material <i>[prevention, ventilation, substitution, containment; disposal; significant sources; people exposed]</i>	Existing:	
	Required:	
2. Take all routes of exposure into account <i>[how does contaminant get into air, onto skin; which is the greater exposure potential]</i>	Existing:	
	Required:	
3. Control exposure using measures proportionate to the health risk <i>[what are the long term/short term health effects; measure exposures?]</i>	Existing:	
	Required:	
4. Choose the most cost effective and reliable control measure to minimise escape/spread of substances <i>[can substance or process be eliminated, modified; are control measures part of the work process]</i>	Existing:	
	Required:	
5. Where exposure can not be reduced to levels below the WELs provide, <i>in combination with</i> other control measures, suitable personal protective equipment <i>[list types and performance, ensure fit testing RPE, training and information, defect reporting, storage and maintenance]</i>	Existing:	
	Required:	
6. Check and regularly review all elements of control measures to ensure continuing effectiveness <i>[exposure monitoring & health surveillance where indicated, check LEV systems designed and tested to HSG 258 by competent engineers, review instructions and training after any incident/accident etc, signs of ineffective controls e.g. visible dust]</i>	Existing:	
	Required:	
7. Inform and train employees on the hazards and risks from the hazardous substances with which they work, and use control measures developed to minimise the risks <i>[communication of health risks, training carried out & recorded, use of controls is part of the work instructions]</i>	Existing:	
	Required:	
8. Ensure that the introduction of control measures does not increase the overall risk to health & safety <i>[evidence that emergency procedures in place and demonstrated regularly, assess new controls so overall risk minimised]</i>	Existing:	
	Required:	
9. Is health surveillance/monitoring required: <i>[WEL, respiratory or skin sensitiser, carcinogens, welding fumes, wood dust]</i>	Provide detail:	
PART 5 – ASSESSMENT OF HEALTH RISK – with ‘existing controls’ as concluded in Part 2		
High Risk – <input type="checkbox"/> (Unacceptable)	Medium Risk – <input type="checkbox"/> (Further controls required)	Low Risk – <input type="checkbox"/> (Adequately controlled)
Date:	Assessor Name:	Signature:
PART 6 – ACCEPTANCE OF COSHH ASSESSMENT		
I agree with the above COSHH assessment: YES <input type="checkbox"/> NO <input type="checkbox"/>		
If No state why:		
Date:	Line Manager:	Signature:
PART 7 – ASSESSMENT SIGN OFF		
All required control measures have been implemented		
Date:	Line Manager:	Date: Assessor:
PART 8 - REVIEW RECORD When review completed update Issue Status on front page.		
Line Manager:	Date:	Issue:
Line Manager:	Date:	Issue:

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Additional Information:

The table below should be used to check the type and suitability of PPE/RPE provided under existing controls – required changes should be noted in 'additional controls' of PART 4 and the Health and Safety Management Action Plan.

Note: PPE and RPE NSN numbers should be recorded in Part 4 at control measure 5.

Check PPE and RPE – JSP 437							
PPE: select hazard protection required from list below and read across to appropriate column;	Gloves	Eye Protection	Head Protection	Foot Protection	Coveralls	RPE	Other
Chemical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Abrasion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Liquid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vapour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Impact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Recommended item or NSN Ref N°							
Note: RPE Fit Testing must be completed in accordance with HSE guidance OC 282/28					Is fit testing required:		

Allocation of R-phrase or GHS phrase to Hazard Group; Maximum airborne concentration range identified as providing adequate control					
Hazard Group	A - Low	B - Low	C - Medium	D - High	E - High
R- Phrase	R36, R38 and all R-numbers not otherwise listed in groups B - E	R20/21/22 R68/20/21/22	R23/24/25 R34 R35 R37 R39/23/24/25 R41 R43 R48/20/21/22 R68/23/24/25	R26/27/28 R39/26/27/28 R40 R48/23/24/25 R60 R61 R62 R63 R64	R42 R45 R46 R49 R68
H-statements	H303 H304 H305 H313 H315 H316 H318 H319 H320 H333 H336 and all H-numbers not otherwise listed	H302 H312 H332 H371	H301 H311 H314 H317 H318 H331 H335 H370 H373	H300 H310 H330 H351 H360 H361 H362 H372	H334 H340 H341 H350

Table 1 – Hazard

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Select appropriate value for substance in use		Hazard rating
Small	grams/ millilitres	1
Medium	kilograms/ litres	2
Large	tonnes/ cubic metres	3

Table 2 - Quantity

Select appropriate physical state		Hazard rating
Low	solid, pellets, little dust,	1
Medium	crystalline, settles quickly	2
High	fumes, fine powders etc that remain airborne	3

Table 3 – Inhalation potential of solids

When calculating likelihood of exposure you can only use EITHER Tables 2 and 3 [i.e. solids], OR Tables 2 and 4 [liquids].

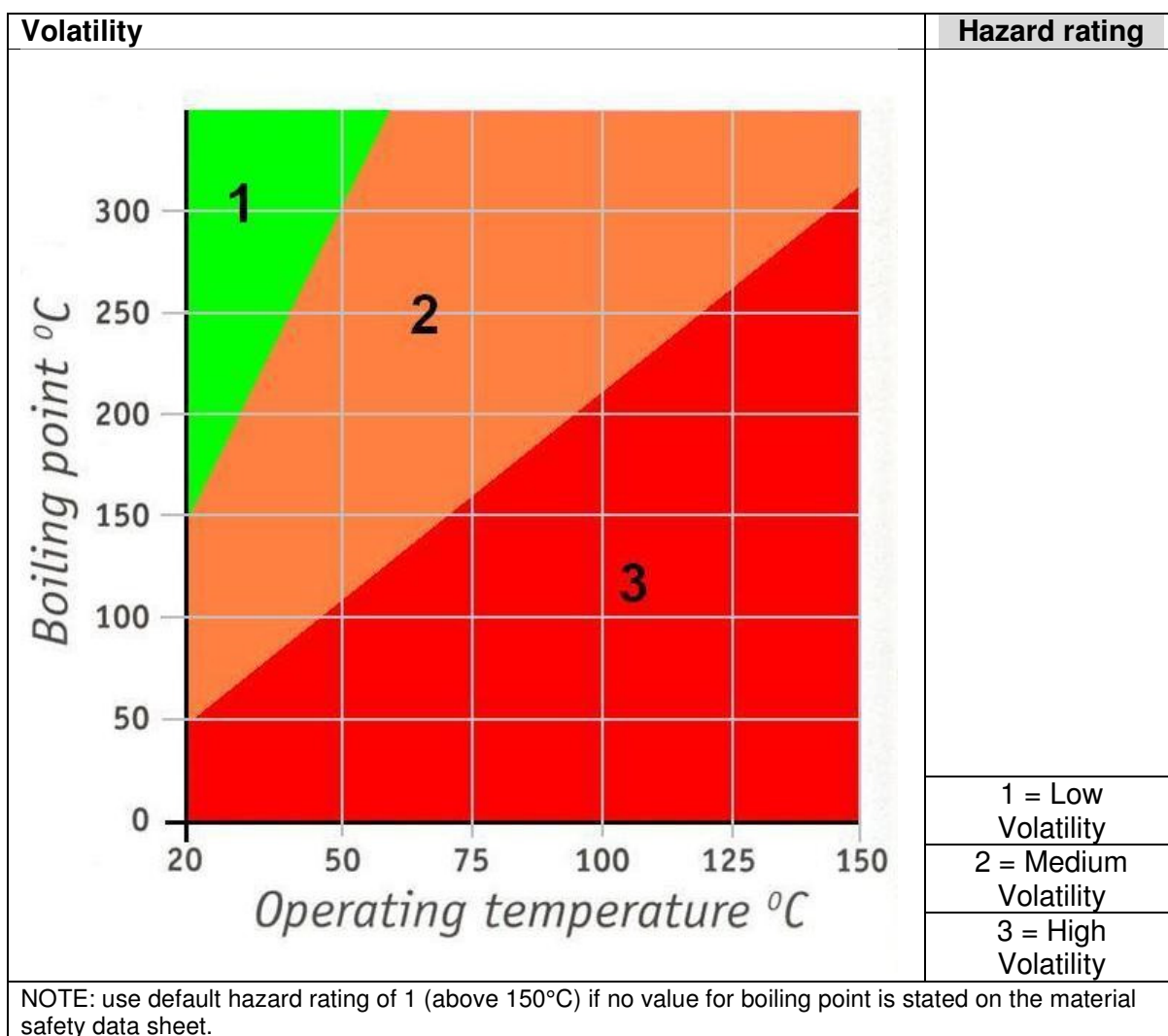


Table 4 – For use with all liquids

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NOTES TO COMPLETING THE COSHH ASSESSMENT FORM 5011

Reference:

A: Control of Substances Hazardous to health Regulations – Approved Code of Practice

B. JSP 375, Vol 2, Leaflet 5

This assessment process is based upon the HSE COSHH Essentials banded approach to establishing the significant findings with regard to the health risk from exposure to hazardous substances. It is designed to be used by 'Competent' persons as defined in Annex D of JSP 375 Leaflet 5. Those persons, or their Line managers, who conduct assessments who do not fit that criteria, and who have not received suitable training in the conduct of assessments, may be putting themselves and those who may be exposed at risk and should therefore consider carefully the implications before undertaking assessments using this process.

These notes are provided as an aide de memoire and are not intended to be used as the definitive guide to completing assessments under References A and B.

Part 1

Give an overview of the process and location, operating temperature and boiling points, noting whether any substance or part of the process can be eliminated or substituted (Regulation 7 of Reference A). Where the answer is 'no' note any specific instructions or work manuals that specify the particular use of the substances/products being assessed.

Part 2

At this point the assessor may wish to use the on line assessment tool accessed via the HSE website. This will enable the significant findings to be established and control approach to be identified without needing to complete Part 2 of the Form 5011. In order to be able to use CoSHH Essentials the Material Safety Data Sheet (MSDS) must state the 'boiling point' or the 'vapour pressure'. This information is contained in Section 9 (Physical Properties) of the MSDS. If this information is missing and the assessor still wishes to use Essentials, the relevant information can be found using the 'Google' search engine for the specific substances/compounds of interest.

Assessors completing the Part 2 as normal will need to provide information about the physical form and quantity used; and conclude a highest Hazard Group to be used in the calculations to establish the likely risk of exposure, and therefore the required control approach to reduce that risk.

IMPORTANT: It is only possible to calculate the exposure risk by multiplying the values from EITHER tables 2 and 3 OR tables 2 and 4.

If at the end of this process you have assessed the process as being LOW risk, or requires a control approach of general ventilation, you may proceed to Part 5 and complete the assessment.

If however your process has been assessed as MEDIUM or HIGH risk you must complete Parts 3 – 5.

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Part 3

Part 3 requires additional information about the operating conditions under which the process is undertaken and who may be exposed and by which routes. Particular note should be made as to whether vulnerable groups of workers may be involved. Information about the potential effects of overexposure should be noted and may be found in the MSDS. It should be remembered that the information within the assessment needs to be disseminated to those involved in the process so that they can understand the risks and the reasons for the application of control measures.

Part 4

This is possibly the most important part of the assessment process and needs to contain as much relevant information about the existing control measures as possible. Notes have been added to each of the eight principles to aid assessors gather the right information.

On completion the assessor must decide whether the existing controls are sufficient to control the risk, or whether further measures are required. If further measures are required such as exposure monitoring or health surveillance, further guidance can be found in JSP 375, leaflet 2 and advice should be sought from the TLB CESO organisations if local safety advisors are unable to assist.

Once satisfied that all principles have been considered and addressed the assessor should populate the Management Action Plan in Part 7, may sign off the assessment at Part 5. It is now ready to be passed onto the Line Manager for acceptance (Part 6) and final sign off when all actions in the Action Plan have been implemented (Para Reg 7 Reference A).

Part 5

Is where the assessor signs off the assessment either when the assessment has shown a LOW risk, or when completed for Medium and High risk processes.

Part 6

Is where the Line manager signs to accept the findings of the assessment by the assessor. This is to ensure that the responsibility for the risk lies with the person who is in charge of the process and not the assessor (unless the assessor fulfils both roles!)

Part 7

When all of the actions have been implemented the Line Manager signs off the assessment

Part 8

The assessment should be reviewed on a regular basis but specifically after any incident or accident, breakdown of control measures or from evidence to suggest that an occupational illness or disease has been identified.

In general the advice is to review annually but will be dependent upon the health risk identified. For low risk activities provided nothing changes these may extend to 2 years. For high risk activities a more regular regime of review may be required e.g. every six months

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Selection of Personal and Respiratory Protective Equipment

A table has been included to allow assessors or other safety professional to check the suitability of supplied equipment with the standards set out in JSP 437 –

Personal Protective Equipment Catalogue

http://defenceintranetds.diiweb.r.mil.uk/sites/polestar/cs/DocumentLibrary/17/772_JSP%20437%20v6.pdf

Further assistance may be sought from MOD Occupational Hygienists though CESO (DES)