

MOD Form 5011 – Control of Substances Hazardous to Health (COSHH) Risk assessment – Full Guidance Notes

Introduction

The MOD Form 5011 – COSHH Risk Assessment, is the preferred form to use when assessing the specific risks that arise from the use of COSHH, be it a specific product or products or working in areas with hazardous by-products such as sawdust. This form has been designed to make best use of Safety Data Sheets (SDS), COSHH information (on product labels), and to be user-friendly, following examples of compliance from the Health and Safety Executive.

Note 1: The term Material Safety Data Sheet may still be found in some references and documentation however following the adoption of the Globally Harmonised System (GHS) Safety Data Sheets (SDS) is the current and legally recognised term in the UK and Globally.

This risk assessment does not provide a quantitative level of risk, as the 5010 does, but the consequence of each hazardous event is to be taken seriously with the presumption that if there is a worst- possible outcome, that is to be prepared for.

PART 1 – ASSESSMENT ADMIN

Assessment Title. Enter a relevant title for your assessment that will make it easy to reference by name.

MF5011 Ref No. There is no specific set referencing guideline for COSHH risk assessments, so enter a reference that is appropriate for your working location.

Issue Number & Date. The current issue number of the risk assessment, and the date it was signed off by the Authorising officer.

Unit / Establishment / Site / Platform; Section / Building; Specific Location. This should be self-explanatory so best to show as an example:

Unit / Establishment: RAF St Mawgan

Section / Building: Station Workshops

Specific Location: Paint Bay

Process or Activity. Consider this as a question of “Who is doing what, and what are they using?” for example:

“Workshop personnel using varnish to finish wooden trophies”

Assessor and Authorising officer / commander, manager, accountable person. The person completing the risk assessment and a relevant person with supervisory responsibilities for the area the activity is taking place in. This person does not necessarily have to be the assessor’s manager.

Notes:

2. Where a form is printed off as a hard copy, then in addition to the person’s name a signature is required to confirm the authenticity. Where the form is used purely as a digital copy then to make sure the authenticity and integrity of the data is not compromised you **must** create and use a Digital pdf signature as detailed in the [Electronic Signature Guide](#).

3. Authorising officers, commanders, managers or accountable persons are to note that when they sign off the COSHH risk assessment, they are confirming that they are responsible for ensuring that the control measures to bring the risk to a level that is ALARP and tolerable have been satisfactorily met or otherwise.

4. Where additional control measures have been implemented as part of the COSHH risk assessment, they are considered from that point forward to be “existing control measures” for the duration of that activity and should be considered when conducting a review / new COSHH risk assessment for the same or a similar activity.

PART 2 - SUBSTANCE IDENTIFICATION

ID. Number sequentially.

Substance / Hazard. Something to identify the substance or hazard. If a specific substance, use a common descriptor for example paint, varnish, lubricant, fuel and so on. Also add the commercial name as stated on the SDS. If it is a hazard that has not come in a container, describe it suitably that it is identifiable for example metal swarf, soft wood dust, fibreglass and so on. It would be useful to also describe the hazardous event for example:

“Lubricant OMD90 coming into contact with skin or eyes.”

Route of Entry. Use the tick boxes provided to show the routes of entry to the body.

What harm, to who and how? Detail who or what could be harmed and what harm could be caused. The SDS will have relevant information that can be used. For example:

What harm: Skin and eye irritation

To Who:

- Personnel
- Contractors
- Visitors
- Members of the public
- The environment

Note: It is appropriate to list under the ‘what harm and to who’ column the ‘how’ by means of relevant H-phrases details of which can be found [here](#).

COSHH Pictograms. Use the tick boxes to detail which COSHH pictograms are present on the products being used. If there are multiple products, tick all relevant boxes.

PART 3 - CONTROL MEASURES

ID. This should marry up with the ID used in Part 2.

SDS Control Measures. Use the tick boxes to show where there are First Aid, Fire Fighting, Accidental Release, Storage / Handling and Exposure Controls / PPE instructions in the SDS. As it is essential to use the SDS when completing this form, and to store the SDS with the COSHH assessment either electronically or physically, this information does not have to be duplicated. This information is generally found in Sections 4 – 8 in an SDS, otherwise will have the relevant section heading.

Workplace Control Measures. This is a free text box for the assessor to detail the current workplace control measures for working with this substance. Consider following the [HSE principles of good control practice](#). More than a single control measure can be entered in this box. Industry Guidance on Respiratory Protective Equipment (RPE) Fit Testing can be found in the Health and Safety Executive document [INDG479](#).

Additional Control Measures. These are for any additional control measures that the assessor thinks should be implemented to better control the risk but aren't currently in place yet. More than a single additional control can be added in this box.

Action by; Date; Checked by. The "Action by" column is for who is responsible for implementing the additional control measure(s); the "Date" is for the date the additional control is implemented; and "Checked By" is for who has made sure the additional control has been successfully implemented – this can be the process / activity manager or someone seen as an appropriate SQEP (Suitably Qualified and Experienced Person) to confirm effectiveness – different to the "Action by" person. Names and / or roles are able to be used here.

Other control measures. "Existing control measures" and "Additional action needed" columns are slightly different to "Workplace Control Measures" and "Additional Control Measures" in that if these are not relevant, they can be left blank or can be as simple as just entering "Yes" in "Action Taken" (for example – Supervision: Yes).

Thorough examination and test. This could be detailing for example; if work surfaces are examined, water pressure tested, ventilation checked and so on, along with engineering controls, such as LEVs and non-disposable RPE and so on.

Supervision. Is supervision required? This could be a binary response, or the assessor could go into more detail. Supervision might only be conducted when it's possible, or only conducted at specific intervals.

Instruction and training. This could be a binary response, but a better practice would be to detail or link to the specific instruction and training that is required.

Emergency plans. As above. If there are emergency plans in place, these can be linked or referenced.

Health Surveillance. If this is required, a short summary of what takes place can be entered. Refer to [Chapter 14](#) - Health Surveillance and Health Monitoring of JSP 375, Volume 1 for direction and guidance.

Monitoring. This could be either personal health monitoring or workplace, to monitor the levels of substances in the air, in the body and so on. Refer to, [Chapter 14](#) - Health Surveillance and Health Monitoring of JSP 375, Volume 1 for direction and guidance.

PART 4 – REVIEW

Reason for review

- a. if an accident or incident has occurred;
- b. when there has been a significant change in the activity or process (location, duration, quantity, substance change and so on), or there is a change in personnel for example, the operator or manager;
- c. there is reason to suspect that the assessment is no longer valid;
- d. upon direction (for example commander, manager, HSE and so on)
- e. at a frequency proportionate to the risk, but normally not exceeding every two years.

Review by date. This box should be completed at the end of the initial assessment and then at next appropriate review timeframe. This does not need to be a specific date and can just be a month & year. For example: Feb 26. Once the initial assessment is completed, the First review row should be completed. Following the first review, the Second review row box should be completed and so on (if adding additional reviews when using a 'Word version' of the form).

Date of review. The date on which the review has taken place.

Changes. Detail of what changes (if any) have been made to the risk assessment

Reviewed by. The person who has reviewed the assessment. (See note 2)

Authorising Officer / commander, manager or accountable person. The person that when they sign off the COSHH risk assessment, they are confirming that they are responsible for ensuring that any changes to bring the risk to a level that is ALARP and tolerable have been satisfactorily met or otherwise. (See note 2 and 3)