

COSHH Risk Assessment

MOD Form 5011

Notes for Completion: This COSHH Risk Assessment form **must** be completed by a competent person and stored with the relevant Safety Data Sheet(s) (SDS) and using relevant information from the SDS and product container(s). Specific details regarding first aid and firefighting are included on the SDS. Refer to the full guidance notes on how to complete this form. If required, the [COSHH Risk Assessment Extension Sheet](#) can be used with this form.

PART 1 - Assessment Administration				
Assessment Title		MF5011 Ref No		Issue number Date
Unit, Establishment, Site or Platform		Section / Building		Specific Location
Process or activity				
Assessor name (Signature)		Authorising officer / commander, manager or accountable person name (Signature)		

PART 2 - Substance Identification				
ID	Substance / Hazard	Route of entry	What harm, to who and how?	COSHH Pictograms
1	Click or tap here to enter text.	Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/>	Click or tap here to enter text.	 Explosive <input type="checkbox"/>
2	Click or tap here to enter text.	Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/>	Click or tap here to enter text.	 Flammable <input type="checkbox"/>
3	Click or tap here to enter text.	Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/>	Click or tap here to enter text.	 Oxidising <input type="checkbox"/>
4	Click or tap here to enter text.	Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/>	Click or tap here to enter text.	 Corrosive <input type="checkbox"/>
5	Click or tap here to enter text.	Absorption <input type="checkbox"/> Ingestion <input type="checkbox"/> Inhalation <input type="checkbox"/> Injection <input type="checkbox"/>	Click or tap here to enter text.	 Acute Toxicity <input type="checkbox"/>
				 Hazardous to the Environment <input type="checkbox"/>
				 Health Hazard <input type="checkbox"/>
				 Serious Health Hazard <input type="checkbox"/>
				 Gas Under Pressure <input type="checkbox"/>

PART 3 - Control Measures							
ID	SDS control measures		Workplace control measures	Additional control measures	Action by	Date	Checked by
1	First Aid	<input type="checkbox"/>					
	Fire Fighting	<input type="checkbox"/>					
	Accidental Release	<input type="checkbox"/>					
	Storage / Handling	<input type="checkbox"/>					
	Exposure Controls / PPE	<input type="checkbox"/>					
2	First Aid	<input type="checkbox"/>					
	Fire Fighting	<input type="checkbox"/>					
	Accidental Release	<input type="checkbox"/>					
	Storage / Handling	<input type="checkbox"/>					
	Exposure Controls / PPE	<input type="checkbox"/>					
3	First Aid	<input type="checkbox"/>					
	Fire Fighting	<input type="checkbox"/>					
	Accidental Release	<input type="checkbox"/>					
	Storage / Handling	<input type="checkbox"/>					
	Exposure Controls / PPE	<input type="checkbox"/>					
4	First Aid	<input type="checkbox"/>					
	Fire Fighting	<input type="checkbox"/>					
	Accidental Release	<input type="checkbox"/>					
	Storage / Handling	<input type="checkbox"/>					
	Exposure Controls / PPE	<input type="checkbox"/>					
5	First Aid	<input type="checkbox"/>					
	Fire Fighting	<input type="checkbox"/>					
	Accidental Release	<input type="checkbox"/>					
	Storage / Handling	<input type="checkbox"/>					
	Exposure Controls / PPE	<input type="checkbox"/>					
Other General Measures			Existing control measures	Additional action needed	Action by	Date	Checked by
Thorough examination and test							
Supervision							
Instruction and training							
Emergency plans							
Health Surveillance							
Monitoring							
PART 4 - Review (at a frequency proportionate to the risk, but normally not exceeding every two years)							
Reason for review							
	Review by date	Date of review	Changes		Reviewed by	Authorising officer / commander, manager or accountable person	
First review							
Second review							