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 completed 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**			
		Date Approved		**Valid Until**	
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 whom and how?
1		Absorption ☐ Ingestion ☐ Inhalation ☐ Injection ☐	
2		Absorption ☐ Ingestion ☐ Inhalation ☐ Injection ☐	
3		Absorption ☐ Ingestion ☐ Inhalation ☐ Injection ☐	
4		Absorption ☐ Ingestion ☐ Inhalation ☐ Injection ☐	
5		Absorption ☐ Ingestion ☐ Inhalation ☐ Injection ☐	

COSHH Pictograms


Explosive ☐


Flammable ☐


Oxidising ☐


Corrosive ☐


Acute Toxicity ☐


Hazardous to the Environment ☐


Health Hazard ☐


Serious Health Hazard ☐


Gas Under Pressure ☐

PART 3 – Exposure Assessment

ID	Primary Route of Exposure	Quantity Used	Physical Form	Volatility	Duration Used	Frequency of Use	WEL / STEL	Exposure Potential
1	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...
2	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...
3	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...
4	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...
5	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...	Choose...

PART 4 - Control Measures

ID	SDS control measures		Workplace control measures	Additional control measures	Action by	Date	Checked by
1	First Aid	☐					
	Fire Fighting	☐					
	Accidental Release	☐					
	Storage / Handling	☐					
	Exposure Controls / PPE	☐					
2	First Aid	☐					
	Fire Fighting	☐					
	Accidental Release	☐					
	Storage / Handling	☐					
	Exposure Controls / PPE	☐					
3	First Aid	☐					
	Fire Fighting	☐					
	Accidental Release	☐					
	Storage / Handling	☐					
	Exposure Controls / PPE	☐					
4	First Aid	☐					
	Fire Fighting	☐					
	Accidental Release	☐					
	Storage / Handling	☐					
	Exposure Controls / PPE	☐					
5	First Aid	☐					
	Fire Fighting	☐					
	Accidental Release	☐					
	Storage / Handling	☐					
	Exposure Controls / PPE	☐					

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					
Vulnerable Persons / Additional Requirements					

PART 5 – Assessment Conclusion				
Highest Exposure Potential Identified	**Will Existing and Additional Controls Adequately Control Exposure?**	**Combined Exposure Risk**	**Exposure Monitoring Required?**	**Health Surveillance Required?**
Choose...	Choose...	Choose...	Choose...	Choose...

Vulnerable Groups Identified	
☐ New or Expectant Mothers ☐ Young Persons ☐ Persons with Pre-Existing Health Conditions ☐ Persons with Known Sensitivities / Allergies ☐ Other (Please specify) ☐ None identified	Other:

Overall COSHH Risk Rating				
Very Low	**Low**	**Medium**	**High**	**Very High**

Assessor's Justification
(Summarise why the exposure is considered adequately controlled, identify any additional controls required, and justify the overall COSHH risk rating.)

PART 6 - Review (at a frequency proportionate to the risk, but normally not exceeding every two years)					
	Review by date	**Date of review**	**Changes**	**Reviewed by**	**Authorising officer / commander, manager or accountable person**
First review					
Reason for review					
Second review					
Reason for review					
Third review					
Reason for review					