**DEPARTMENT OF ELECTRONIC AND ELECTRICAL ENGINEERING**

**PROCESS COSHH FORM**



**Ensure you have a copy of the latest Manufacturers Safety Data Sheet (MSDS) for the substance, available from the supplier.**

**Completed copies should be emailed to** [**eee-safety@ucl.ac.uk**](mailto:eee-safety@ucl.ac.uk) **and a printed copy kept locally in Red Safety Folder.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Substance Details and Classification** | | | | | | | | | | | | | | | | | | | | | |
| **Name of Process** | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Description of Proces** | | | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Location of Use:** | | | | | | | **Include building and room and any sub areas i.e. fume hoods**  Click or tap here to enter text. | | | | | | | | | | | | | | |
| **Persons at Risk** | | | | **UG Students** | | | | **PhD students** | | **Staff** | | | **Contractors** | | | **Visitors** | | | | **Vulnerable People** | |
|  | | | |  | |  | | |  | | |  | | | |  | |
| **Record the relevant hazards** | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | | **A picture containing icon  Description automatically generated** |  | **Toxic** |  |  | **Sensitising** |  |  | **Gas under pressure** | |  |  | **Harmful** |  |  | **Flammable** |  |  | **Dangerous to the Environment** | |  |  | **Corrosive** |  |  | **Explosive** |  |  | **Oxidising** | | | | | | | | | | | | | | | | | | | | | | |
| **Use the Matrix below to work out Risk Level for each chemical involved.** | | | | | | | | | | | | | | | | | | | | | |
| Graphical user interface  Description automatically generated with medium confidenceGraphical user interface  Description automatically generated with medium confidenceGraphical user interface  Description automatically generated with medium confidence | | | | | | | | | | | | | | | | | | | | | |
| Chemical | **Hazard Phrases:**  **H phrases i.e. H319 Causes serious eye irritation**  **(previously known as R phrases)** | | | | | | | | | | | Health Hazard Score (A) | | | Dustiness volitility Score (B) | | | Quanitiy Score (C) | | | Overall Risk  A\*B\*C |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | | | Enter number | | | Enter number | | | Enter number | | | Enter number |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | | | Enter number | | | Enter number | | | Enter number | | | Enter number |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | | | Enter number | | | Enter number | | | Enter number | | | Enter number |
| Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | | |  | | | Enter number | | | Enter number | | | Enter number |
| **Overall risk Level for process:**  This is the highest risk level as identified above | | | | | | **Low**  **≤ 7** | | | | | | **Medium**  **8-11** | | | | | | | **High**  **≥ 12** | | |
| Enter number | | | | | |  | | | | | |  | | | | | | |  | | |
|  | | | | | | **Review every 5 years** | | | | | | **Review every 3 years** | | | | | | | **Review every year** | | |
| **Work place exposure limits if known (WELS):**  **Usually a long term and short term exposure limits in mg/m3** | | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| **Control measures** | | | | | | | | | | | | | | | | | | | | | |
| **PPE**  **Details type and standard required** | | | | | | | | | | | | | | | | | | | | | |
| **Goggles** | |  | | | Click or tap here to enter text. | | | | | | **Labcoat/Overalls** | | |  | | | Click or tap here to enter text. | | | | |
| **Gloves** | |  | | | Click or tap here to enter text. | | | | | | **Dustmask** | | |  | | | Click or tap here to enter text. | | | | |
| **Footwear** | |  | | | Click or tap here to enter text. | | | | | | **Respirator** | | |  | | | Click or tap here to enter text. | | | | |
| **Repirator** | |  | | | Click or tap here to enter text. | | | | | | **Other** | | |  | | | Click or tap here to enter text. | | | | |
| **What other controls are required for this substance?**  **e.g. ventilation? Extraction? Restict users? Limit time?** | | | | | | | | | | | Click or tap here to enter text. | | | | | | | | | | |
| **Is health surveillance monitioring required?** | | | | | | | | | | | **Yes** | | | **No** | | | | | | | |
|  | | | | | | | | | | |  | | | | | | | | | | |
| **Routes of Exposure:** | | | **Inhalation** | | | | | | **Skin Contact** | | | | | | **Eye Contact** | | | **Ingestion** | | | |
|  | | | | | |  | | | | | |  | | |  | | | |
| **First Aid Measures** | | | | | | | | | | | | | | | | | | | | | |
| **Inhalation** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Skin Contact** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Eye Contact** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Ingestion** | | Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Storage Conditions:** | | **Ventilated? Cabinets? Temperature? Can it not be stored with other substances?**  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Fire Safety** | | **Appropriate fire extinguisers? Harmful vapours or gases on combustion?**  Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | |
| **Disposal Considerations** | | | **Hazardous Waste** | | | | | | **General Waste** | | | | | | **Effluent Sinks** | | | **Other** | | | |
|  | | | | | |  | | | | | |  | | | Click or tap here to enter text. | | | |
| **Name of Assessor:** | | | | | | Click or tap here to enter text. | | | | | | **Date of**  **Assessment:** | | | | | | | Click or tap to enter a date. | | |
| **Name of Approver:** | | | | | | Click or tap here to enter text. | | | | | | **Signature:** | | | | | | |  | | |
| **Date of Approval:** | | | | | | Click or tap to enter a date. | | | | | | **Date of Review:** | | | | | | | Click or tap to enter a date. | | |