**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** **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 RiskA\*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. |