COSHH Assessment

Assess a hazardous substance: hazards from the safety data sheet, exposure routes, controls, PPE and emergency measures.

Substance

Product / substance name *	
Manufacturer / supplier	
Safety data sheet available? *	☐ Yes ☐ No
SDS revision date	_____ / _____ / _____
Task / process using substance *	
Location of use	
Quantity used	
Frequency and duration of use	
Hazard classification	
Route of exposure	☐ Inhalation ☐ Skin contact ☐ Eye contact ☐ Ingestion ☐ Injection
Photo of product label	*Attach photo or sketch*

Controls

Who could be exposed? *	
Control measures (elimination, substitution, engineering) *	
PPE required	
Workplace exposure limit (if any)	
Health surveillance required?	☐ Yes ☐ No

Storage requirements	
Spill procedure	
First aid measures	
Disposal method	
Risk rating after controls *	☐ Low ☐ Medium ☐ High

Sign-off

Additional comments	
Assessor name *	
Assessor signature *	
Date signed *	_____ / _____ / _____
Review date *	_____ / _____ / _____

* Required