



UNIVERSITY OF
SOUTH ALABAMA

COSHH Risk Assessment Form

A COSHH risk assessment must be conducted before you commence work which could expose you to substances hazardous to health.

All sections of this form must be completed electronically and no sections are to altered/removed.

The form must be submitted prior to the commencement of the project or activity.

SECTION 1: PROJECT DETAILS

Undergraduate Practical / Project	Postgraduate	Postdoctoral	Staff	Other

Chemical	Biological	Microbiological

Group or teaching year (if applicable):	
School / Centre:	
Title of project or activity:	
Location(s) of work: (building and room number)	
Person carrying out assessment:	
Principal Investigator / Supervisor:	
Assessment Date:	
Review Date by PI:	










Detailed description of work activity:



(Include quantities of substances to be used and how they are to be used i.e. mixed, heated etc.)

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SECTION 2: HAZARD SUMMARY SECTION

Hazard pictograms – select all that apply to the work activity

								
Health Hazard	Toxic	Corrosive	Irritant	Flammable	Oxidising	Explosive	Compressed Gas	Dangerous for the environment

	
Biological	Radioactive

SECTION 3: HAZARDOUS SUBSTANCES INFORMATION

List all the substances you are going to use in the procedure you are assessing. All the information required to populate the table below can be found on the manufacturer's safety data sheet.

If none of the substances to be used are hazardous to health, the risk assessment is complete at this stage and should be signed off.

Name of substance	Hazard Classification*	Physical form e.g. powder, dust, liquid, gas	Route of exposure e.g. ingestion, inhalation, absorption, injection	WEL (mg/m3) or (ppm)

* Please detail the level of health hazard i.e. Hazard statements and Carcinogenic / Mutagenic categories

Note A separate BioCOSHH / GM / Radiation Risk Assessment may be required depending on the work taking place

Hazards produced during / after reaction / experiment

List all the substances (if any) you are going to produce in the procedure you are assessing and the associated hazards.

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How often will this work activity be carried out?

Daily	Weekly	Monthly	Other (please specify)

How long will the process / work activity last?

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Who might be at risk?	Staff	PG	UG	New and Expectant Mothers	Cleaners	Contractors	Public








Risk matrix can be found in Note 1.

Assessment of risk <u>PRIOR</u> to the use of controls	Severity (1-5)	Likelihood (1-4)	Overall Risk Rating (Severity x Likelihood)

SECTION 4: CONTROLS

If exposure cannot be prevented by using a different process, alternative substances or different forms of the same substance, consider the most effective precautionary measures needed to adequately control exposure which are proportionate to the risk.

	Glove Box	Fume Cupboard	Local Exhaust Ventilation	Open Doors / Windows	Other (please specify)
Physical or Engineering controls:					
Administrative controls: (including training requirements)					
Out of hours controls: (if required)					

Personal Protective Equipment:							
	Lab Coat	Apron	Safety Footwear	Gloves*	Face Shield	Glasses / Goggles	RPE**
Storage requirements:	Waste will be disposed in the appropriate waste bottle in the fume hood.						
Disposal procedures:	The waste bottles will be brought to the stock room to be disposed of.						

*If protective gloves are required, please indicate which type is the most suitable for the substance handled.

**A person requiring RPE must be 'face-fit tested' to the RPE (Further advice on the selection of suitable RPE and face-fit testing is available from the Occupational Health and Safety Service).

	Yes	No	Describe the findings of exposure monitoring or health surveillance
Is exposure monitoring required? (See Note 2)			
Is health surveillance required?* (See Note 3)			

*If yes, please state date of referral to Occupational Health: _____

Assessment of risk AFTER the application of controls	Severity (1-5)	Likelihood (1-4)	Overall Risk Rating (Severity x Likelihood)

SECTION 5: EMERGENCY PROCEDURES

The purpose of this section is to provide easy access to emergency information for First Aid, Spillage and Fire. Information obtained from R and S codes on MSDS forms.

First Aid	
If inhaled:	
In case of skin contact:	
In case of eye contact:	
If swallowed:	

Spillage	
Personal precautions, protective equipment and emergency procedures:	
Environmental precautions:	
Methods and materials for containment and clean up:	

Fire	
Suitable extinguishing media:	
Special hazards arising from the substances or mixture:	

SECTION 6: CONTACTS

Contact in the event of an emergency: (first aid, spillage, fire):	
Out of hours contact:	

SECTION 7: APPROVAL

I confirm that this is a suitable and sufficient risk assessment for the above described work activity

	Name	Signature	Date
Assessor (Student/PDRA):			
Principal Investigator / Supervisor:			
COSHH Supervisor: (Chemical)			
COSHH Supervisor: (Biological)			
COSHH Supervisor: (Microbiological)			

I have read and understood the information contained in this COSHH Risk Assessment and I agree to adopt the control measures and precautions as stated above:

For activity conducted by more than one researcher, please complete the table below:

Name (Printed)	Signature	Date

This assessment should be reviewed at regular intervals and immediately if there is reason to suspect that it is no longer valid (for example after any accidents or incidents) or if there is a significant change in the work to which it relates.

Incomplete or unsigned forms will not be accepted.

Note 1: Risk Matrix

Hazard Severity	Risk Likelihood			
	Unlikely (1)	Possible (2)	Likely (3)	Very Likely (4)
Minor (1)	1	2	3	4
Moderate (2)	2	4	6	8
Serious (3)	3	6	9	12
Very Serious (4)	4	8	12	16
Extreme (5)	5	10	15	20

Risk Rating	
Low	(1-5)
Medium	(6)
High	(8-10)
Very High	(12-20)

Note 2 – Exposure Monitoring

Exposure monitoring provides assurance on the adequacy of your controls. It has nothing to do with the state of a workers health.

Note 3 – Health Surveillance

Health surveillance is appropriate where employees are exposed to carcinogenic and mutagenic substances, unless the risk assessment confirms that exposure is so adequately controlled that there is no reasonable likelihood of an identifiable disease or adverse effect resulting from the exposure or the quantities used are so small that even if control measures fail, the exposure is likely to be insignificant. It is also appropriate when the work involves the use of substances known to cause occupational asthma or severe dermatitis or if there is contact with chrome solution, electrolytes containing chromic acid or chromium salts and other substances which can cause skin cancer.

For office use only	
Date received by SOP Office:	
Received by: (Print name)	
Date authorised by supervisor:	
Date uploaded:	

SIGNATURES

I _____ (employee/student/volunteer/visitor) certify that I have been oriented and trained on all of the above items in the laboratory. I understand that I must adhere to all safety precautions. Signature: _____ Date: _____

I _____ (PI) certify that I have performed a hazard assessment of my area and have trained all workers in my lab on the above items. I understand that it is my responsibility to enforce all safety precautions. Signature: _____ Date: _____