**COSHH Assessment**

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| --- | --- |
| Company: |  |
| Site: |  |
| Task: |  |
| **Brief description of task:** | |

**Hazardous substances**

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| Substances used | | | |
| **Substance** | **Hazardous Components** | **Key health effects** | **Workplace Exposure Limit\*** |
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| Substances created | | | |
| **Substance** | **Hazardous Components** | **Key health effects** | **Workplace Exposure Limit\*** |
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|  |  |  |  |

**\* Where applicable**

**Significant exposures**

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| Inhalation | | |
| **Substance** | **Health effects** | **Controls required** |
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| Skin contact | | |
| **Substance** | **Health effects** | **Controls required** |
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| Ingestion | | |
| **Substance** | **Health effects** | **Controls required** |
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| **Notes** |  |
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**Other measures required**

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| Supervision |
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| Maintenance and testing of control |
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| Air monitoring |
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| Health surveillance |
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| Information, instruction and training |
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**Actions**

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| Actions required | | | |
| **No.** | **Action** | **By** | **Completion date** |
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| **Assessment completed by:** | |
| **Date:** | **Review date:** |