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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COSHH$ | **COSHH Risk Assessment No:** | | | | | | | | | | |  |
| Product: Paint | | | | | | Common Trade Names. | | | | | | |
| Describe the activity or work process.  *(Include how long and how often this is carried out and the quantity of substance used)* | | | Used to paint and decorate items. Used in a classroom session for up to 2 hours. | | | | | | | | | |
| Location of process being carried out? | | | Mobile classroom both indoors (ensure good ventilation) and external classroom | | | | | | | | | |
| Identify the persons at risk: | | | | Employees  *(including associates)* | | | School staff/  volunteers | | | | Learners | |
| Classification *(state the category of danger)* | | | | | | | | | | | | |
| Extremely Flammable    Toxic         x Irritant  Very Toxic        Highly Flammable  Very Harmful      Flammable  Bio final  Biological  Corrosive  Environmental      Oxidising  Harmful | | | | | | | | | | | | |
| Hazard Type | | | | | | | | | | | | |
| Gas Vapour Mist Fume Dust Liquid Solid Other (State) | | | | | | | | | | | | |
| Route of Exposure | | | | | | | | | | | | |
| Inhalation Skin Eyes Ingestion Other (State) | | | | | | | | | | | | |
| Workplace Exposure Limits (WELs) *please indicate n/a where not applicable* | | | | | | | | | | | | |
| Long-term exposure level (8hrTWA): N/A | | | | | | | | | Short-term exposure level (15 mins): | | | |
| State the Risks to Health from Identified Hazards | | | | | | | | | | | | |
| Contact with skin and possible transfer through touch | | | | | | | | | | | | |
| Control Measures: *(for example extraction, ventilation, training, supervision). Include special measures for vulnerable groups, such as disabled people and pregnant workers.* *Take account of those substances that are produced from activities undertaken by another employer’s employees.* | | | | | | | | | | | | |
| Is health surveillance or monitoring required? YesNo  Yes training and supervision is required as learners are young | | | | | | | | | | | | |
| Personal Protective Equipment*(state type and standard)* | | | | | | | | | | | | |
| Dust mask | |  | | | | | | Visor | |  | | |
| Respirator | |  | | | | | | Goggles | |  | | |
| Gloves | |  | | | | | | Overalls | |  | | |
| Footwear | |  | | | | | | Other | | Apron and use brushes for application | | |
| First Aid Measures | | | | | | | | | | | | |
| Rinse and wash hands with soapy water. Use eye wash for contact with eyes.  Seek medical advice if irritation continues | | | | | | | | | | | | |
| Storage | | | | | | | | | | | | |
| Closed container in van | | | | | | | | | | | | |
| Disposal of Substances & Contaminated Containers | | | | | | | | | | | | |
| Hazardous Waste Skip Return to Depot Return to Supplier Other    (If Other Please State) ………………………………Local refuse centre……………………………. | | | | | | | | | | | | |
| Is exposure adequately controlled? | | | | | YesNo | | | | | | | |
| **Risk Rating Following Control Measures** | | | | | | | | | | | | |
| **High Medium Low** | | | | | | | | | | | | |
| **Assessed by:** A Edward **Date:** 21/12/18 **Review Date**: Annual | | | | | | | | | | | | |