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| COSHH$ | **COSHH Risk Assessment No:** |  |
| Product: soldering flux | 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 join copper piping and joints. Used in a classroom session for periods of up to 2 hours maximum.  |
| Location of process being carried out? | External mobile classroom |
| Identify the persons at risk: | Employees*(including associates)* | School staff/volunteers | Learners |
| Classification *(state the category of danger)* |
| Extremely FlammableToxicxIrritantVery Toxic Highly FlammableVery HarmfulFlammableBio finalBiologicalCorrosiveEnvironmentalOxidisingHarmful |
| Hazard Type |
|   Gas Vapour Mist Fume Dust Liquid Solid Other (State) paste |
| 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? YesNoYes 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 application with a brush |
| 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  |