

# COSHH Assessments

Euro-City Eastern  
152-156 Kentish Town Road  
London  
NW1 9QB



Prepared by:

26/01/2021

Contract Number: 200809

Simon Tapsell

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>
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## **The Control of Substances Hazardous to Health Regulations 2002**

### **Legal Requirements**

Regulation 6 of the Control of Substances Hazardous to Health Regulations 2002, states that “An employer shall not carry on any work which is liable to expose any employees to any substance hazardous to health unless he has made a suitable and sufficient assessment of the risks created by that work to the health of those employees and of those steps that need to be taken to meet the requirements of these Regulations”.

This requirement relates also to the self-employed.

### **What COSHH requires**

To comply with COSHH you need to follow these seven steps:

1. Assess the risks to health arising from hazardous substances used in or created by your workplace activities;
2. Decide what precautions are needed. You must not carry out work which would expose your employees to hazardous substances without first considering the risks and the necessary precautions, and what else you need to do to comply with COSHH;
3. Prevent or adequately control exposure. You must prevent your employees from being exposed to hazardous substances. Where preventing exposure is not reasonably practicable, then you must adequately control it;
4. Ensure that control measures are used and maintained properly and that safety procedures are followed;
5. Monitor the exposure of employees to hazardous substances, if necessary;
6. Carry out appropriate health surveillance where your assessment has shown that this is necessary or where COSHH sets specific requirements;
7. Ensure that employees are properly informed, trained and supervised.

### **Recording**

The recorded assessments should be an effective statement of hazards and risks that then leads management to take the relevant action to ensure the health and safety of employees. It needs to be part of the employer's overall approach to health and safety.

### **Format**

This file has been designed to assist in meeting the above requirements. A number of hazardous substances have been identified, together with associated risks and hazards and recommended control measures in generic form. The format has been designed so that when completed, it will be regarded as 'Site Specific'.

The assessor is invited to select from those generic hazards suggested, and to indicate: the method of work; the location of use; persons at risk; hazard; risk potential; level of risk.

### **Controls**

The assessor is invited to select from the list of suggested controls those that he feels should be implemented. Space is also provided for the inclusion of other controls considered necessary to deal with any circumstances relating to a particular site.

### **Note**

This assessment must be used for the purpose of informing, instructing and training the operatives with regard to the precautions to be taken under the Control of Substances Hazardous to Health Regulations 2002.

Assessments must be completed, signed with suitable and sufficient control measures in place before the product is taken into use.

Assessments must be available on site during operations for reference, inspection and proof of action taken. The aim of these assessments is to ensure as far as is reasonable practicable the health (now and in the future) of operatives and others who may be affected while using hazardous substances at work.

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### Index to Assessments
















The COSHH assessments listed in this register have been specifically produced for the purposes of use of Neil Foundations Systems Ltd, and are only suitable for use in connection herewith.

Reference	Activity
<a href="#"><u>NFS.CA.01</u></a>	Hydraulic Oils
<a href="#"><u>NFS.CA.02</u></a>	Engine Oil
<a href="#"><u>NFS.CA.03</u></a>	Grease (multi-purpose)
<a href="#"><u>NFS.CA.04</u></a>	Diesel Fuel
<a href="#"><u>NFS.CA.05</u></a>	Concrete
<a href="#"><u>NFS.CA.06</u></a>	Two Stroke Oil
<a href="#"><u>NFS.CA.07</u></a>	Unleaded Petrol
<a href="#"><u>NFS.CA.08</u></a>	Exhaust Gases
<a href="#"><u>NFS.CA.09</u></a>	Anchor Set Red Resin
<a href="#"><u>NFS.CA.10</u></a>	Adostrike Mould Oil
<a href="#"><u>NFS.CA.11</u></a>	WD40 Aerosol (penetration oil)
<a href="#"><u>NFS.CA.12</u></a>	Prime-A-Pump (concrete pump primer)
<a href="#"><u>NFS.CA.13</u></a>	Cement
<a href="#"><u>NFS.CA.14</u></a>	Brick & Block Dust
<a href="#"><u>NFS.CA.15</u></a>	Washed Sand
<a href="#"><u>NFS.CA.16</u></a>	Leptospirosis (Weils Disease)
<a href="#"><u>NFS.CA.17</u></a>	Brake and Clutch Fluid
<a href="#"><u>NFS.CA.18</u></a>	Kilfrost K400









**Prepared by:** L. Ford  
Meridian Safety Solutions Ltd

**Date of Assessment:** 28/10/2019
















**Date of Next Review:** No later than 28/10/2020









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>					
<b>NFS.CA.01 – HYDRAULIC OILS</b>					<a href="#"><u>INDEX</u></a>			
<b>Substance</b>	<b>Hydraulic Oils</b>		<b>Trade Name</b>	<b>Hydraulic Oils</b>				
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>				
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer								
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>								
Is it possible to avoid the need to use this substance?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
Is it possible to use a less harmful substitute substance?				Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>			
<b>2. The work process and location where the hazardous substance is to be used</b>								
Describe the activity or work process: <small>NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.</small>			How Long?	How Often?	How Much?			
Hydraulic Oil is used as lubricating oil for use in suitable hydraulic or lubricating systems such as hydraulic rams on excavators or bulldozers.			Varies	Varies	Varies			
Location of the work	Construction Sites – internal and External							
<b>3. People who are at risk from exposure to the hazardous substance</b>								
How many people are directly exposed to the substance?					Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other				
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Susceptible Categories	Young	Elderly	Pregnant	Disabled				
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.							
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>								
	Harmful	<input checked="" type="checkbox"/>		Toxic	<input checked="" type="checkbox"/>		Oxidising	<input type="checkbox"/>
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>		Explosive	<input type="checkbox"/>
	Sensitising	<input checked="" type="checkbox"/>		Flammable	<input type="checkbox"/>		Contains gas under pressure	<input type="checkbox"/>
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>		Biological	<input type="checkbox"/>
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>		Radioactive	<input type="checkbox"/>
<b>5. The manner in which people may be exposed to the material</b>								
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>	Fume	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input checked="" type="checkbox"/>	Solid	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other' state								
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input checked="" type="checkbox"/>	Skin Contact	<input type="checkbox"/>		
	Inhalation	<input type="checkbox"/>	Ingestion	<input checked="" type="checkbox"/>	Eyes	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other' state								



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<b>NFS.CA.01 – HYDRAULIC OILS</b>			<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Hydraulic Oils</b>	<b>Trade Name</b>	<b>Hydraulic Oils</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		Highly refined mineral oils (oil mists) LTEL 5mg/m <sup>3</sup>		
Short-term exposure level (15 min)		Highly refined mineral oils (oil mists) STEL 10mg/m <sup>3</sup>		
List the risks to health from exposure to the substance				
Inhalation:	Inhalation of oil mists may cause respiratory irritation.			
Skin Contact:	Contact with skin may cause irritation which could possibly lead to dermatitis.			
Eye Contact:	Contact with eyes may cause irritation and discomfort.			
Ingestion:	Ingestion may cause nausea, sickness and diarrhoea.			
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Operatives wear overalls, plastic gloves and adequate footwear.</li> <li>Hands are washed after use, before eating, drinking, smoking and going to the toilet.</li> <li>If contact occurs, contaminated clothing is changed and the affected area washed.</li> <li>If splashing/eye contact is foreseeable eye protection is worn.</li> <li>Users to be instructed in the safe handling and use of the product.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?			N/A	
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	 Visor <input type="checkbox"/> Any specific type:
	Respirator	<input type="checkbox"/>	Any specific type:	 Goggles <input checked="" type="checkbox"/> Any specific type:
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Impervious	 Overalls <input checked="" type="checkbox"/> Any specific type:
	Footwear	<input type="checkbox"/>	Any specific type:	 Other <input type="checkbox"/> Provide details:
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.		
	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.		
	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.		
	Ingestion:	Do NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.		
















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<b>NFS.CA.01 – HYDRAULIC OILS</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Hydraulic Oils</b>		<b>Trade Name</b>	<b>Hydraulic Oils</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	Store in or on a suitable bund away from sources of ignition and with environmental consideration.				
How to dispose of it	Hazardous Waste <input checked="" type="checkbox"/>		Biological Waste <input type="checkbox"/>		
	General Waste <input type="checkbox"/>		Other <input type="checkbox"/>		
	Return to Supplier <input type="checkbox"/>		State: Not Applicable		
What to do about spills	Contain spillage with sand or earth. Prevent spills from entering waterways. Collect absorbent material for disposal. If spillage has entered watercourse or sewer or has been split on vegetation notify the appropriate authorities.				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					









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<b>NFS.CA.02 – ENGINE OIL</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Engine Oil</b>	<b>Trade Name</b>	<b>Engine Oil</b>			
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>			
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.				How Long?	How Often?	
Generally the substance appears in an amber liquid form and is used for the lubrication of engines and mechanical parts of machinery				Hours	Daily	
Location of the work				Construction Sites – internal and External		
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?				Varies		
The persons at risk	Employees		Students		Susceptible Persons	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young		Elderly		Pregnant	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.			
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input checked="" type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input type="checkbox"/>	Skin Contact	<input checked="" type="checkbox"/>
	Inhalation	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
If 'Other' state						

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<b>NFS.CA.02 – ENGINE OIL</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Engine Oil</b>	<b>Trade Name</b>	<b>Engine Oil</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		5mg/m <sup>3</sup>		
Short-term exposure level (15 min)		10mg/m <sup>3</sup>		
List the risks to health from exposure to the substance				
<p>Irritant and possible carcinogen</p> <p>Inhalation: Inhalation of oil mists may cause respiratory irritation. Engine oils may generate potential carcinogens during use. Avoid prolonged or repeated contact.</p> <p>Skin Contact: Contact with skin may cause irritation. Repeated prolonged exposure may lead to dermatitis.</p> <p>Eye Contact: Splashes to eyes may cause irritation and discomfort.</p> <p>Ingestion: Sickness, vomiting.</p>				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Operatives wear overalls, plastic gloves and adequate footwear.</li> <li>Hands are washed after use, before eating, drinking, smoking and going to the toilet.</li> <li>If contact occurs, contaminated clothing is changed and the affected area washed.</li> <li>If splashing/eye contact is foreseeable eye protection is worn.</li> <li>If oil mists are generated, wear a suitable mask.</li> <li>Users to be instructed in the safe handling and use of the product.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask <input type="checkbox"/>	Any specific type:		Visor <input type="checkbox"/> Any specific type:
	Respirator <input type="checkbox"/>	Any specific type:		Goggles <input checked="" type="checkbox"/> Any specific type:
	Gloves <input checked="" type="checkbox"/>	Any specific type: Impermeable		Overalls <input checked="" type="checkbox"/> Any specific type: Clean
	Footwear <input type="checkbox"/>	Any specific type:		Other <input type="checkbox"/> Provide details:
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Wash eyes with copious amounts of water. If irritation persists, seek medical advice.		
	Skin Contact:	Wash with soap and water. Use moisturising cream.		
	Inhalation:	If inhaled, remove to fresh air. If effects persist, seek medical advice.		
	Ingestion:	Do NOT induce vomiting. Wash mouth out with water. Give milk and obtain immediate medical attention.		


















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<b>NFS.CA.02 – ENGINE OIL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Engine Oil</b>		<b>Trade Name</b>	<b>Engine Oil</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input checked="" type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements		To be stored within appropriate containers, upright and secure. Store on a suitable bund.			
How to dispose of it		Hazardous Waste <input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
		General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
		Return to Supplier <input type="checkbox"/>	State: Not Applicable		
What to do about spills		<b>Ensure that a suitable Oil Spill Kit is readily available near to the area of use.</b> <ul style="list-style-type: none"> <li>• Clean up immediately and prevent from spreading.</li> <li>• Reclaim liquid directly if possible or in an absorbent. Soak up all residue with an absorbent and dispose of properly (the absorbent may be in the form of pads provided in the Oil Spill Kit).</li> <li>• <b>Large Spillages:</b> Local authorities should be advised if significant spillages cannot be contained and if environmental pollution occurs (sewers, waterways, soil or air).</li> </ul>			
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific equipment and/or training requirements)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details		<ul style="list-style-type: none"> <li>• A suitable Oil Spill Kit should be readily available near to the area of use.</li> <li>• Operatives should be trained to respond to oil spills and how to use the Oil Spill Kit.</li> </ul>			
<i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i>					









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<b>NFS.CA.03 – GREASE (MULTI PURPOSE)</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Grease (Multi-Purpose)</b>		<b>Trade Name</b>	<b>General Grease</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer					
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>					
Is it possible to avoid the need to use this substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>					
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?
Generally the substance appears in a beige viscous form and is used for the lubrication of engines and mechanical parts of machinery.			Hours	Daily	Small Quantities
Location of the work	Construction Sites – internal and External				
<b>3. People who are at risk from exposure to the hazardous substance</b>					
How many people are directly exposed to the substance?			Varies		
The persons at risk	Employees	Students	Susceptible Persons	Other	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young	Elderly	Pregnant	Disabled	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.				
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>					
 Harmful <input type="checkbox"/>	 Toxic <input type="checkbox"/>	 Oxidising <input type="checkbox"/>			
 Irritant <input checked="" type="checkbox"/>	 Very Toxic <input type="checkbox"/>	 Explosive <input type="checkbox"/>			
 Sensitising <input type="checkbox"/>	 Flammable <input type="checkbox"/>	 Contains gas under pressure <input type="checkbox"/>			
 Corrosive <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>	 Biological <input type="checkbox"/>			
 Serious long term health hazard <input type="checkbox"/>	 Extremely Flammable <input type="checkbox"/>	 Radioactive <input type="checkbox"/>			
<b>5. The manner in which people may be exposed to the material</b>					
Which form does the substance take?	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>	
	Dust <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					
Route(s) of exposure the substance takes	Injection <input type="checkbox"/>	Skin Absorption <input type="checkbox"/>	Skin Contact <input checked="" type="checkbox"/>		
	Inhalation <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Eyes <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.03 – GREASE (MULTI PURPOSE)</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Grease (Multi-Purpose)</b>		<b>Trade Name</b>	<b>General Grease</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>					
Long-term exposure level (8hr TWA)			Non hazardous		
Short-term exposure level (15 min)					
List the risks to health from exposure to the substance					
Prolonged or repeated exposure may cause severe irritation					
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>					
Control Measures					
Engineering Measures	<ul style="list-style-type: none"> <li>All handling to take place in a well ventilated area.</li> </ul>				
Hand Protection	<ul style="list-style-type: none"> <li>Use suitable protective gloves if risk of skin contact. The most suitable glove must be chosen in consultation with the gloves supplier who can inform about the breakthrough time of the glove material.</li> </ul>				
Eye Protection	<ul style="list-style-type: none"> <li>If risk of splashing, wear goggles or face shield.</li> </ul>				
Other Protection	<ul style="list-style-type: none"> <li>Wear appropriate clothing to prevent any possibility of skin contact.</li> </ul>				
Hygiene Measures	<ul style="list-style-type: none"> <li>Wash at the end of each work shift and before eating, smoking and using the toilet.</li> <li>Wash promptly if skin becomes wet or contaminated. Use appropriate skin cream to prevent drying of skin. When using do not eat, drink or smoke.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)					
N/A					
Will health surveillance or monitoring be required?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>					
What type of health surveillance or monitoring is required?					N/A
Personal Protective Equipment (PPE) required					
 Dust Mask <input type="checkbox"/>	Any specific type:		 Visor <input type="checkbox"/>	Any specific type:	
 Respirator <input type="checkbox"/>	Any specific type:		 Goggles <input type="checkbox"/>	Any specific type:	
 Gloves <input checked="" type="checkbox"/>	Any specific type: Impermeable		 Overalls <input checked="" type="checkbox"/>	Any specific type: Clean	
 Footwear <input type="checkbox"/>	Any specific type:		 Other <input type="checkbox"/>	Provide details:	
<b>8. Specific fire controls and emergency measures required</b>					
First Aid Measures	Eye Contact:	Wash eyes with copious amounts of water. If irritation persists, seek medical advice.			
	Skin Contact:	Wash with soap and water. Use moisturising cream.			
	Inhalation:	If inhaled, remove to fresh air. If effects persist, seek medical advice.			
	Ingestion:	Do NOT induce vomiting. Wash mouth out with water. Give milk and obtain immediate medical attention.			
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input checked="" type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.03 – GREASE (MULTI PURPOSE)</b>			<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Grease (Multi-Purpose)</b>	<b>Trade Name</b>	<b>General Grease</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>9. Specific, storage disposal of waste substances and containers and spillage requirements</b>				
Storage Requirements	To be stored within appropriate containers, upright and secure. Store on a suitable bund.			
How to dispose of it	Hazardous Waste	<input checked="" type="checkbox"/>	Biological Waste	<input type="checkbox"/>
	General Waste	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable	
What to do about spills	<b>Ensure that a suitable Oil Spill Kit is readily available near to the area of use.</b> <ul style="list-style-type: none"> <li>• Clean up immediately and prevent from spreading.</li> <li>• Reclaim liquid directly if possible or in an absorbent. Soak up all residue with an absorbent and dispose of properly (the absorbent may be in the form of pads provided in the Oil Spill Kit).</li> <li>• <b>Large Spillages:</b> Local authorities should be advised if significant spillages cannot be contained and if environmental pollution occurs (i.e. sewers, waterways, soil or air).</li> </ul>			
<b>10. Conclusion of COSHH Assessment</b>				
Is exposure to this substance now adequately controlled?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific equipment and/or training requirements)			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details	<ul style="list-style-type: none"> <li>• A suitable Oil Spill Kit should be readily available near to the area of use.</li> <li>• Operatives should be trained to respond to oil spills and how to use the Oil Spill Kit.</li> </ul>			
<i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i>				









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.04 – DIESEL FUEL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Diesel Fuel</b>	<b>Trade Name</b>	<b>Diesel</b>		
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer					
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>					
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>2. The work process and location where the hazardous substance is to be used</b>					
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.				How Long?	How Often?
Diesel is a fuel used in vehicles and generators. Employees refuel vehicles with diesel				5-10 minutes	Daily
Location of the work				Construction Sites – internal and External	
<b>3. People who are at risk from exposure to the hazardous substance</b>					
How many people are directly exposed to the substance?				Varies	
The persons at risk	Employees	Students	Susceptible Persons	Other	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young	Elderly	Pregnant	Disabled	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.				
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>					
 Harmful <input type="checkbox"/>	 Toxic <input type="checkbox"/>	 Oxidising <input type="checkbox"/>			
 Irritant <input checked="" type="checkbox"/>	 Very Toxic <input type="checkbox"/>	 Explosive <input type="checkbox"/>			
 Sensitising <input type="checkbox"/>	 Flammable <input type="checkbox"/>	 Contains gas under pressure <input type="checkbox"/>			
 Corrosive <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>	 Biological <input type="checkbox"/>			
 Serious long term health hazard <input type="checkbox"/>	 Extremely Flammable <input type="checkbox"/>	 Radioactive <input type="checkbox"/>			
<b>5. The manner in which people may be exposed to the material</b>					
Which form does the substance take?	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>	
	Dust <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					
Route(s) of exposure the substance takes	Injection <input type="checkbox"/>	Skin Absorption <input type="checkbox"/>	Skin Contact <input checked="" type="checkbox"/>		
	Inhalation <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Eyes <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					



<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.04 – DIESEL FUEL</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Diesel Fuel</b>		<b>Trade Name</b>	<b>Diesel</b>
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		ppm = 100		
Short-term exposure level (15 min)		5mg/m <sup>3</sup>		
List the risks to health from exposure to the substance				
<p>Irritant</p> <p>Inhalation: Unconsciousness or death can occur if high vapour concentrations exist.</p> <p>Skin Contact: Storage tanks which have contained leaded petrol can contain hazardous levels of lead alkyls. Refer to the Control of Lead at Work Regulations to work with tanks. However, the risk to health is not significant because steps are taken to avoid skin contact.</p> <p>Eye Contact: Irritation, redness.</p> <p>Ingestion: Nausea, vomiting, irritation.</p>				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Operatives wear impermeable gloves.</li> <li>Hands are washed after use, before eating, drinking, smoking and going to the toilet.</li> <li>If contact occurs, contaminated clothing is changed and the affected area washed.</li> <li>If splashing/eye contact is foreseeable eye protection is worn.</li> <li>Store and use away from heat sources and naked flames.</li> <li>Users to be instructed in the safe handling and use of the product.</li> <li>Bund all stored diesel.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	 Visor <input type="checkbox"/> Any specific type:
	Respirator	<input type="checkbox"/>	Any specific type:	 Goggles <input checked="" type="checkbox"/> Any specific type:
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Impermeable	 Overalls <input checked="" type="checkbox"/> Any specific type: Clean
	Footwear	<input type="checkbox"/>	Any specific type:	 Other <input type="checkbox"/> Provide details:
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Flood eyes with plenty of water for 10 minutes.		
	Skin Contact:	Flood surface with plenty of water for 10 minutes.		
	Inhalation:	If inhaled, remove to fresh air. Seek medical advice.		
	Ingestion:	Drink plenty of water. Do NOT induce vomiting. Seek medical advice.		
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.04 – DIESEL FUEL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Diesel Fuel</b>		<b>Trade Name</b>	<b>Diesel</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input checked="" type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements		To be stored within appropriate containers, upright and secure. Store in or on a suitable bund.			
How to dispose of it		Hazardous Waste <input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
		General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
		Return to Supplier <input type="checkbox"/>	State: Not Applicable		
What to do about spills		<b>Ensure that a suitable Oil Spill Kit is readily available near to the area of use.</b> <ul style="list-style-type: none"> <li>Clean up immediately and prevent from spreading.</li> <li>Reclaim liquid directly if possible or in an absorbent. Soak up all residue with an absorbent and dispose of properly (the absorbent may be in the form of pads provided in the Oil Spill Kit).</li> </ul> <b>Large Spillages:</b> Local authorities should be advised if significant spillages cannot be contained and if environmental pollution occurs (i.e. sewers and waterways).			
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific equipment and/or training requirements)				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
If yes, provide details		<ul style="list-style-type: none"> <li>A suitable Oil Spill Kit should be readily available near to the area of use.</li> <li>Operatives should be trained to respond to oil spills and how to use the Oil Spill Kit.</li> </ul>			
<i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i>					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.05 - CONCRETE</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Concrete</b>		<b>Trade Name</b>	<b>Concrete</b>		
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?	
Ready mixed concrete is brought onto site via lorry and is poured or pumped for infrastructure or superstructure purposes. Exposure can result from direct contact with the skin or from splashes. Various amounts can be used and the duration of exposure may vary. The type of exposure may also vary from wet concrete to cutting concrete.			Varies	Varies	Varies	
Location of the work		General use on site				
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.					
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input checked="" type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input checked="" type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input type="checkbox"/>	Skin Contact	<input checked="" type="checkbox"/>
	Inhalation	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
If 'Other' state						

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>													
<b>NFS.CA.05 - CONCRETE</b>			<a href="#"><u>INDEX</u></a>													
<b>Substance</b>	<b>Concrete</b>	<b>Trade Name</b>	<b>Concrete</b>													
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>													
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>																
Long-term exposure level (8hr TWA)		Calcium Silicate LTEL 10mg/m <sup>3</sup>														
Short-term exposure level (15 min)		EH40 – None														
List the risks to health from exposure to the substance																
<p>Skin Contact: Skin contact will result in severe burns/ulcerations. Repeated, prolonged exposure can cause irritant dermatitis.</p> <p>Eye Contact: Eye contact will result in severe burns/irritation.</p> <p>Other: Other risks associated could be the development of an allergic contact dermatitis through their sensitivity to traces of Chromium.</p>																
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>																
Control Measures																
<ul style="list-style-type: none"> <li>Operatives wear impervious boots, gloves, and where large quantities are being poured, gaiters.</li> <li>Eye protection is worn where there is a foreseeable risk of splashing.</li> <li>Knee pads or other waterproof mats are used when kneeling down on wet concrete.</li> <li>Clothing is changed if saturation occurs. Operatives receive relevant instructions.</li> <li>If cutting hardened concrete with power saw, suitable respiratory protection is worn.</li> <li>Users are instructed in the safe handling and use of the product.</li> </ul>																
Compatibility Warning (such as adverse reactions if it comes into contact with others)																
N/A																
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>												
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>																
What type of health surveillance or monitoring is required?				N/A												
Personal Protective Equipment (PPE) required																
	Dust Mask	<input type="checkbox"/>	Any specific type:													
	Respirator	<input type="checkbox"/>	Any specific type:													
	Gloves	<input checked="" type="checkbox"/>	Any specific type:													
	Footwear	<input checked="" type="checkbox"/>	Any specific type:													
<table border="0"> <tr> <td>Visor</td> <td><input type="checkbox"/></td> <td>Any specific type:</td> </tr> <tr> <td>Goggles</td> <td><input checked="" type="checkbox"/></td> <td>Any specific type:</td> </tr> <tr> <td>Overalls</td> <td><input checked="" type="checkbox"/></td> <td>Any specific type:</td> </tr> <tr> <td>Other</td> <td><input checked="" type="checkbox"/></td> <td>Provide details: Knee pads as required</td> </tr> </table>					Visor	<input type="checkbox"/>	Any specific type:	Goggles	<input checked="" type="checkbox"/>	Any specific type:	Overalls	<input checked="" type="checkbox"/>	Any specific type:	Other	<input checked="" type="checkbox"/>	Provide details: Knee pads as required
Visor	<input type="checkbox"/>	Any specific type:														
Goggles	<input checked="" type="checkbox"/>	Any specific type:														
Overalls	<input checked="" type="checkbox"/>	Any specific type:														
Other	<input checked="" type="checkbox"/>	Provide details: Knee pads as required														
<b>8. Specific fire controls and emergency measures required</b>																
First Aid Measures	Eye Contact:	Irrigate eyes with copious amounts of water for 10 minutes. If irritation persists, seek medical attention.														
	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.														
	Inhalation:	If inhaled, remove to fresh air. Seek medical advice.														
	Ingestion:	N/A														
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.05 - CONCRETE</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Concrete</b>		<b>Trade Name</b>	<b>Concrete</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements		To be stored within appropriate containers, upright and secure. Store on a suitable bundle.			
How to dispose of it		Hazardous Waste <input type="checkbox"/>	Biological Waste <input type="checkbox"/>		
		General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
		Return to Supplier <input type="checkbox"/>	State: Not Applicable		
What to do about spills		<b>Wet Concrete:</b> 1. If the spill is a large amount, quickly prevent it from spreading by forming a barrier with sand or soil. Reclaim directly if possible and reuse it or dispose of it properly. Local authorities should be advised if significant spillages cannot be contained and if environmental pollution occurs (i.e. if the wet concrete is likely to enter sewers and waterways). 2. Smaller amounts of wet or damp concrete can be managed by dousing it with plenty of water to dilute it. Use a water hose or fill a bucket with water and pour it directly onto the spill. 3. Scrape up the concrete with a shovel whilst continuing to dilute it with water. Scrape vigorously to remove the moistened cement, throwing the spilled pieces into a skip or bucket. 4. Using a stiff brush, remove any remaining wet concrete. Cover with water if necessary to lift all the wet concrete. Continue to brush, adding water until the spill is gone <b>Dried Concrete:</b> 1. Use a Concrete Remover product (e.g. Fuze) and follow the manufacturer instructions. 2. Break up any remaining residue with a stiff bristled brush or chisel.			
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details		<ul style="list-style-type: none"> <li>Ensure that suitable equipment for clearing and cleaning up is readily available.</li> <li>Operatives should be trained to respond to concrete spills.</li> </ul>			
<i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i>					











<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.06 – TWO STROKE OIL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Two Stroke Oil</b>		<b>Trade Name</b>	<b>2 Stroke</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer					
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>					
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>2. The work process and location where the hazardous substance is to be used</b>					
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?
Generally the substance appears in an amber liquid form and is used to mix with petrol as a fuel for two-stroke engines.			Varies	Varies	Small quantities
Location of the work	General locations. On site and in the workshop etc.				
<b>3. People who are at risk from exposure to the hazardous substance</b>					
How many people are directly exposed to the substance?			Varies		
The persons at risk	Employees	Students	Susceptible Persons	Other	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young	Elderly	Pregnant	Disabled	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.		
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>					
 Harmful <input type="checkbox"/>	 Toxic <input type="checkbox"/>	 Oxidising <input type="checkbox"/>			
 Irritant <input checked="" type="checkbox"/>	 Very Toxic <input type="checkbox"/>	 Explosive <input type="checkbox"/>			
 Sensitising <input type="checkbox"/>	 Flammable <input type="checkbox"/>	 Contains gas under pressure <input type="checkbox"/>			
 Corrosive <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>	 Biological <input type="checkbox"/>			
 Serious long term health hazard <input type="checkbox"/>	 Extremely Flammable <input type="checkbox"/>	 Radioactive <input type="checkbox"/>			
<b>5. The manner in which people may be exposed to the material</b>					
Which form does the substance take?	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>	
	Dust <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					
Route(s) of exposure the substance takes	Injection <input type="checkbox"/>	Skin Absorption <input type="checkbox"/>	Skin Contact <input checked="" type="checkbox"/>		
	Inhalation <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Eyes <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.06 – TWO STROKE OIL</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Two Stroke Oil</b>		<b>Trade Name</b>	<b>2 Stroke</b>
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		Highly refined mineral oils LTEL 5mg/m <sup>3</sup>		
Short-term exposure level (15 min)		Highly refined mineral oils STEL 10mg/m <sup>3</sup>		
List the risks to health from exposure to the substance				
Irritant and possible carcinogen Inhalation: Inhalation of oil mists may cause respiratory irritation. Engine oils may generate potential carcinogens during use. Avoid prolonged or repeated contacts. Skin Contact: Skin contact may cause irritation. Repeated, prolonged exposure can cause irritant dermatitis. Eye Contact: Splashes to eyes may cause irritation. Ingestion: Sickness, vomiting.				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Operatives wear overalls, plastic gloves and adequate footwear.</li> <li>Hands are washed after use, before eating, drinking and smoking and going to the toilet.</li> <li>If contact occurs, contaminated clothing is changed and the affected area washed.</li> <li>If splashing/eye contact is foreseeable, eye protection is worn.</li> <li>If oil mists are generated, wear a suitable mask.</li> <li>Users to be instructed in the safe handling and use of the product.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	
	Respirator	<input type="checkbox"/>	Any specific type:	
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Impermeable	
	Footwear	<input type="checkbox"/>	Any specific type:	
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Wash eyes with copious amounts of water. If irritation persists, seek medical attention.		
	Skin Contact:	Wash with soap and water. Use moisturising cream.		
	Inhalation:	If inhaled, remove to fresh air. If effects persist, seek medical advice.		
	Ingestion:	Do NOT induce vomiting – wash mouth out with water. Give milk and obtain immediate medical attention.		
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.06 – TWO STROKE OIL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Two Stroke Oil</b>		<b>Trade Name</b>	<b>2 Stroke</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input checked="" type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input checked="" type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements		To be stored within appropriate containers, upright and secure. Store on a suitable bund.			
How to dispose of it		Hazardous Waste <input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
		General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
		Return to Supplier <input type="checkbox"/>	State: Not Applicable		
What to do about spills		Cover spillage with sand and earth. Do not allow product to enter watercourses or drains. If it does enter drains or sewers, contact the local Water Authority immediately. In the case of streams, rivers or lakes, contact the Environment Agency.			
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.07 – PETROL (UNLEADED)</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Petrol (unleaded)</b>	<b>Trade Name</b>	<b>Petrol</b>		
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer					
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>					
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>2. The work process and location where the hazardous substance is to be used</b>					
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.				How Long?	How Often?
Petrol has various uses on construction sites for the powering of combustible engines such as generators, abrasive wheels, chain saws etc. generally two/three gallons of petrol may exist only which is found in lockable containers.				Varied	Varied
Location of the work		General			
<b>3. People who are at risk from exposure to the hazardous substance</b>					
How many people are directly exposed to the substance?				Varies	
The persons at risk	Employees	Students	Susceptible Persons	Other	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young	Elderly	Pregnant	Disabled	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.				
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>					
 Harmful <input type="checkbox"/>	 Toxic <input checked="" type="checkbox"/>	 Oxidising <input type="checkbox"/>			
 Irritant <input checked="" type="checkbox"/>	 Very Toxic <input type="checkbox"/>	 Explosive <input type="checkbox"/>			
 Sensitising <input type="checkbox"/>	 Flammable <input type="checkbox"/>	 Contains gas under pressure <input type="checkbox"/>			
 Corrosive <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>	 Biological <input type="checkbox"/>			
 Serious long term health hazard <input type="checkbox"/>	 Extremely Flammable <input checked="" type="checkbox"/>	 Radioactive <input type="checkbox"/>			
<b>5. The manner in which people may be exposed to the material</b>					
Which form does the substance take?	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>	
	Dust <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					
Route(s) of exposure the substance takes	Injection <input type="checkbox"/>	Skin Absorption <input checked="" type="checkbox"/>	Skin Contact <input checked="" type="checkbox"/>		
	Inhalation <input type="checkbox"/>	Ingestion <input type="checkbox"/>	Eyes <input type="checkbox"/> Other <input type="checkbox"/>		
If 'Other' state					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.07 – PETROL (UNLEADED)</b>			<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Petrol (unleaded)</b>	<b>Trade Name</b>	<b>Petrol</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		Benzene LTEL ppm = 1 Hexane LTEL ppm = 20		
Short-term exposure level (15 min)		EH40 - None		
List the risks to health from exposure to the substance				
Inhalation: High vapour concentrations are narcotic and may cause unconsciousness or even death. Skin Contact: Skin contact may result in skin irritation and redness. Eye Contact: Eye contact may result in irritation, soreness and redness. Ingestion: Moderate irritant, possible abdominal pain, vomiting. Other: Petrol is highly flammable in which the risk of fire/explosion is increased.				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Malpractice such as siphoning and sniffing is avoided.</li> <li>Sources of ignition are eliminated and engines are switched off when re-filling.</li> <li>Gloves are worn to prevent skin contact.</li> <li>Suitable labelled containers are always used.</li> <li>Only competent persons are allowed to handle petrol.</li> <li>The petrol is stored in well ventilated areas away from sources of ignition and excessive heat sources.</li> <li>Fire extinguishers are available in close proximity so as to control small fires.</li> <li>Build-up of vapours and mists are avoided.</li> <li>Users are instructed in the safe handling and use of the product.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask <input type="checkbox"/>	Any specific type:		
	Respirator <input type="checkbox"/>	Any specific type:		
	Gloves <input checked="" type="checkbox"/>	Any specific type:		
	Footwear <input type="checkbox"/>	Any specific type:		
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Immediately flush eyes with plenty of water for at least 15 minutes. Seek medical attention if irritation occurs.		
	Skin Contact:	Flood area with water for 10 minutes. Remove contaminated clothing.		


















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<b>NFS.CA.07 – PETROL (UNLEADED)</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Petrol (unleaded)</b>		<b>Trade Name</b>	<b>Petrol</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
	Inhalation:	Remove to fresh air. Seek medical advice.			
	Ingestion:	Drink plenty of water. Do NOT induce vomiting. Seek medical advice.			
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input checked="" type="checkbox"/>
		Dry Powder	<input checked="" type="checkbox"/>	Fire Blanket	<input type="checkbox"/>
				CO2	<input checked="" type="checkbox"/>
				Other State:	<input type="checkbox"/>
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	Store in compliance with Petroleum (Consolidation) Regs and ACOP L133.				
How to dispose of it	Hazardous Waste	<input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
	General Waste	<input type="checkbox"/>	Other <input type="checkbox"/>		
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable		
What to do about spills	Cover spillage with sand/suitable absorbents and remove mechanically to containers for proper disposal. Eliminate sources of ignition. Prevent spillage reaching drains or watercourses. Seek advice from Local Authority on clean up/disposal procedures.				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.08 – EXHAUST GASES</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Exhaust Gases / Fumes</b>		<b>Trade Name</b>	<b>Exhaust Fumes</b>		
<b>Manufacturer</b>	<b>From combustion engines, plant etc</b>		<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: <small>NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.</small>			How Long?	How Often?	How Much?	
Exhaust gases produced by petrol and diesel engines			Varied	Varied	Varied	
Location of the work	General – Internal and External					
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.			
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input type="checkbox"/>		Toxic	<input checked="" type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input checked="" type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input type="checkbox"/>	Skin Contact	<input type="checkbox"/>
	Inhalation	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input checked="" type="checkbox"/>
If 'Other' state						

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>
<b>NFS.CA.08 – EXHAUST GASES</b>			<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Exhaust Gases / Fumes</b>	<b>Trade Name</b>	<b>Exhaust Fumes</b>
<b>Manufacturer</b>	<b>From combustion engines, plant etc</b>	<b>Supplier</b>	<b>Various</b>
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>			
Long-term exposure level (8hr TWA)		4-8 hours daily outside	
Short-term exposure level (15 min)		EH40 - None	
List the risks to health from exposure to the substance			
<p>Exhaust fumes could have up to 12% carbon monoxide.</p> <p>Properties of carbon monoxide: Colourless gas; odourless gas; Tasteless gas; non-irritant.</p> <p>Symptoms of carbon monoxide poisoning: Headaches; Weakness, especially in the legs; Dulled mind; Loss of consciousness leading to brain damage.</p>			
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>			
Control Measures			
<ul style="list-style-type: none"> <li>• Train and instruct operatives or under close supervision of competent person.</li> <li>• Use non-gas-emitting plant where possible.</li> <li>• Isolate area.</li> <li>• Mechanical exhaust ventilation.</li> <li>• Do not breathe the gases.</li> <li>• Appropriate issue of PPE.</li> <li>• Record substance use and date.</li> <li>• All work in a confined space must be properly planned, and only carried out and supervised by trained and competent personnel.</li> <li>• Method Statement and Permit to Work required.</li> </ul>			
Compatibility Warning (such as adverse reactions if it comes into contact with others)			
N/A			
Will health surveillance or monitoring be required?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>			
What type of health surveillance or monitoring is required?			N/A
Personal Protective Equipment (PPE) required			
 Dust Mask <input type="checkbox"/>	Any specific type:	 Visor <input type="checkbox"/>	Any specific type:
 Respirator <input checked="" type="checkbox"/>	Any specific type:	 Goggles <input checked="" type="checkbox"/>	Any specific type:
 Gloves <input type="checkbox"/>	Any specific type:	 Overalls <input type="checkbox"/>	Any specific type:
 Footwear <input type="checkbox"/>	Any specific type:	 Other <input type="checkbox"/>	Provide details:
<b>8. Specific fire controls and emergency measures required</b>			
First Aid Measures		Move casualty to fresh air. Seek trained first aider and enquire about further medical assistance.	

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.08 – EXHAUST GASES</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Exhaust Gases / Fumes</b>		<b>Trade Name</b>	<b>Exhaust Fumes</b>	
<b>Manufacturer</b>	<b>From combustion engines, plant etc</b>		<b>Supplier</b>	<b>Various</b>	
First Aid Measures	Eye Contact:	Immediately flush eyes with plenty of water for at least 15 minutes. Seek medical attention if irritation occurs.			
	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.			
	Ingestion:	Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention.			
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input type="checkbox"/>
		Dry Powder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>
		CO2	<input type="checkbox"/>	Other State:	<input type="checkbox"/>
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	N/A				
How to dispose of it	Hazardous Waste	<input type="checkbox"/>	Biological Waste		
	General Waste	<input type="checkbox"/>	Other		
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable		
What to do about spills	N/A				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are any further controls needed (e.g. specific training requirements)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.09 – ANCHOR SET RED RESIN</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Anchor Set Red Resin</b>		<b>Trade Name</b>	<b>Red Resin</b>		
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?	
Used for setting bolts etc in concrete			Short Term	-	Small Quantities	
Location of the work	General Sites – Internal and External					
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.			
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input checked="" type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input checked="" type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input checked="" type="checkbox"/>	Skin Contact	<input type="checkbox"/>
	Inhalation	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input checked="" type="checkbox"/>
If 'Other' state						



<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.09 – ANCHOR SET RED RESIN</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Anchor Set Red Resin</b>		<b>Trade Name</b>	<b>Red Resin</b>
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		N/A		
Short-term exposure level (15 min)		EH40 - None		
List the risks to health from exposure to the substance				
<ul style="list-style-type: none"> <li>Flammable.</li> <li>Harmful by inhalation.</li> <li>Irritating to eyes and skin.</li> </ul>				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Train and instruct operatives or under close supervision of competent person.</li> <li>Transfer to a closable, labelled salvage container for disposal.</li> <li>Do not discharge into drains and water courses.</li> <li>Mop up spillage using bunding.</li> <li>Store in original container.</li> <li>No smoking or naked lights.</li> <li>Only use in well ventilated areas.</li> <li>Do not breathe the vapour.</li> <li>Avoid contact with skin and eyes.</li> <li>Appropriate issue of PPE.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	
	Respirator	<input type="checkbox"/>	Any specific type:	
	Gloves	<input checked="" type="checkbox"/>	Any specific type:	
	Footwear	<input type="checkbox"/>	Any specific type:	
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.		
	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.		

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.09 – ANCHOR SET RED RESIN</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Anchor Set Red Resin</b>		<b>Trade Name</b>	<b>Red Resin</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
First Aid Measures	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.			
	Ingestion:	DO NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.			
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input checked="" type="checkbox"/>
		Dry Powder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>
				CO2	<input checked="" type="checkbox"/>
				Other State:	<input type="checkbox"/>
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	Store in original container				
How to dispose of it	Hazardous Waste	<input type="checkbox"/>	Biological Waste <input type="checkbox"/>		
	General Waste	<input checked="" type="checkbox"/>	Other <input type="checkbox"/>		
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable		
What to do about spills	<ul style="list-style-type: none"> <li>Cover spillage with sand and earth and clean up immediately. Use a Spill Kit if available.</li> <li>Prevent from spreading. Do not allow product to enter watercourses or drains. If it does enter drains or sewers, contact the local Water Authority immediately. In the case of streams, rivers or lakes, contact the Environment Agency.</li> </ul>				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>
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**NFS.CA.10 – ADOSTRIKE MOULD OIL** [INDEX](#)

<b>Substance</b>	<b>Adostrike Mould Oil</b>	<b>Trade Name</b>	<b>Mould Oil</b>
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>

Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer

**1. Eliminating the need to use hazardous substances or substituting it for a safer alternative**

Is it possible to avoid the need to use this substance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it possible to use a less harmful substitute substance?	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
















**2. The work process and location where the hazardous substance is to be used**

Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.	How Long?	How Often?	How Much?
Used on shuttering ply etc for easy release when striking	Varies	Varies	Varies
Location of the work	General Sites – Internal and External		

**3. People who are at risk from exposure to the hazardous substance**









How many people are directly exposed to the substance?	Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Susceptible Categories	Young	Elderly	Pregnant	Disabled
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.		

**4. Hazard Classification (place an ✓ in the box next to the appropriate sign)**
















 Harmful <input type="checkbox"/>	 Toxic <input checked="" type="checkbox"/>	 Oxidising <input type="checkbox"/>
 Irritant <input checked="" type="checkbox"/>	 Very Toxic <input type="checkbox"/>	 Explosive <input type="checkbox"/>
 Sensitising <input type="checkbox"/>	 Flammable <input checked="" type="checkbox"/>	 Contains gas under pressure <input type="checkbox"/>
 Corrosive <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>	 Biological <input type="checkbox"/>
 Serious long term health hazard <input type="checkbox"/>	 Extremely Flammable <input type="checkbox"/>	 Radioactive <input type="checkbox"/>

**5. The manner in which people may be exposed to the material**









Which form does the substance take?	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>
	Dust <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>
If 'Other' state				
Route(s) of exposure the substance takes	Injection <input type="checkbox"/>	Skin Absorption <input checked="" type="checkbox"/>	Skin Contact <input type="checkbox"/>	
	Inhalation <input checked="" type="checkbox"/>	Ingestion <input type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Other <input type="checkbox"/>
If 'Other' state				

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.10 – ADOSTRIKE MOULD OIL</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Adostrike Mould Oil</b>		<b>Trade Name</b>	<b>Mould Oil</b>
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		N/A		
Short-term exposure level (15 min)		EH40 - None		
List the risks to health from exposure to the substance				
<ul style="list-style-type: none"> <li>Flammable.</li> <li>Irritating to eyes and skin.</li> <li>Toxic to aquatic organisms, may cause long term adverse effects in the aquatic environment.</li> </ul>				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Train and instruct operatives or under close supervision of competent person.</li> <li>Transfer to a closable, labelled salvage container for disposal by a licensed waste disposal contractor.</li> <li>Absorbs spills into dry earth or sand. Avoid the formation or spread of mists in the air.</li> <li>Store in a cool, well ventilated area away from sources of ignition.</li> <li>Do not discharge into drains and water courses.</li> <li>Flammable. No smoking or naked lights.</li> <li>Only use in well ventilated areas. Do not breathe vapour/spray.</li> <li>Avoid direct contact with skin and eyes.</li> <li>Appropriate issue of PPE.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	
	Respirator	<input type="checkbox"/>	Any specific type:	
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Impermeable	
	Footwear	<input checked="" type="checkbox"/>	Any specific type:	
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.		
	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.		
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.10 – ADOSTRIKE MOULD OIL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Adostrike Mould Oil</b>		<b>Trade Name</b>	<b>Mould Oil</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
<b>First Aid Measures</b>	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.			
	Ingestion:	DO NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.			
<b>Type of Fire Extinguisher</b>		Water	<input type="checkbox"/>	Foam	<input checked="" type="checkbox"/>
		Dry Powder	<input checked="" type="checkbox"/>	Fire Blanket	<input type="checkbox"/>
				CO2	<input checked="" type="checkbox"/>
				Other State:	<input type="checkbox"/>
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
<b>Storage Requirements</b>	Store in a cool, well ventilated area away from sources of ignition.				
<b>How to dispose of it</b>	Hazardous Waste	<input checked="" type="checkbox"/>	Biological Waste		
	General Waste	<input type="checkbox"/>	Other		
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable		
<b>What to do about spills</b>	Absorb spills into dry earth or sand. Avoid formation or spread of mists in the air.				
<b>10. Conclusion of COSHH Assessment</b>					
<b>Is exposure to this substance now adequately controlled?</b>				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
<b>Are any further controls needed (e.g. specific training requirements)</b>				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>If yes, provide details</b>					
<i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i>					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.11 – WD40 AEROSOL</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>WD40 Aerosol</b>		<b>Trade Name</b>	<b>WD40</b>		
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: <small>NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.</small>			How Long?	How Often?	How Much?	
Corrosive Protection and Lubricant			Short term use	-	Small Quantities	
Location of the work	General Sites – Internal and External					
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees		Students	Susceptible Persons	Other	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young		Elderly	Pregnant	Disabled	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.			
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input checked="" type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input checked="" type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input checked="" type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input checked="" type="checkbox"/>	Skin Contact	<input type="checkbox"/>
	Inhalation	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input checked="" type="checkbox"/>
If 'Other' state						


















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.11 – WD40 AEROSOL</b>			<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>WD40 Aerosol</b>	<b>Trade Name</b>	<b>WD40</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		Small quantities – Low Risk		
Short-term exposure level (15 min)		EH40 - None		
List the risks to health from exposure to the substance				
<ul style="list-style-type: none"> <li>Extremely flammable.</li> <li>Irritating to eyes and skin.</li> </ul>				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Train and instruct operatives or under close supervision of competent person.</li> <li>Dispose of via an authorised disposal agent to an approved disposal site.</li> <li>Soak up excess with absorbent material (e.g. universal binding agent or sand).</li> <li>Prevent from entering drainage system, ground penetration and surface &amp; ground-water infiltration.</li> <li>Store in original container.</li> <li>Extremely flammable. No smoking or naked lights.</li> <li>Pressurised container, protect from sunlight and do not expose to temperatures exceeding 50°C.</li> <li>Do not pierce or burn, even after use.</li> <li>Only use in well ventilated areas.</li> <li>Do not breathe vapour/spray.</li> <li>Avoid direct contact with skin and eyes.</li> <li>Appropriate issue of PPE.</li> <li>All work in a confined space must be properly planned, and only carried out and supervised by trained and competent personnel.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?			N/A	
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	
	Respirator	<input type="checkbox"/>	Any specific type:	
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Nitrile	
	Footwear	<input type="checkbox"/>	Any specific type:	
	Visor	<input type="checkbox"/>	Any specific type:	
	Goggles	<input checked="" type="checkbox"/>	Any specific type:	
	Overalls	<input type="checkbox"/>	Any specific type:	
	Other	<input type="checkbox"/>	Provide details:	

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.11 – WD40 AEROSOL</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>WD40 Aerosol</b>		<b>Trade Name</b>	<b>WD40</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
<b>8. Specific fire controls and emergency measures required</b>					
First Aid Measures	Eye Contact:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.			
	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.			
	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.			
	Ingestion:	DO NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.			
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input checked="" type="checkbox"/>
		Dry Powder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>
				CO2	<input checked="" type="checkbox"/>
				Other State:	<input type="checkbox"/>
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	Pressurised container, protect from sunlight and do not expose to temperatures exceeding 50°C.				
How to dispose of it	Hazardous Waste	<input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
	General Waste	<input type="checkbox"/>	Other <input type="checkbox"/>		
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable		
What to do about spills	Soak up excess with absorbent material (e.g. universal binding agent or sand.)				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are any further controls needed (e.g. specific training requirements)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.12 – PRIME-A-PUMP CONCRETE PUMP PRIMER</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Prime-a-Pump - Concrete Pump Primer</b>		<b>Trade Name</b>	<b>Concrete Pump Primer</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer					
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>					
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>2. The work process and location where the hazardous substance is to be used</b>					
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?
Uses include: A mixture of lubricant, thickener and buffer			Varies	Varies	Varies
Location of the work	General Sites – Internal and External				
<b>3. People who are at risk from exposure to the hazardous substance</b>					
How many people are directly exposed to the substance?			Varies		
The persons at risk	Employees	Students	Susceptible Persons	Other	
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Susceptible Categories	Young	Elderly	Pregnant	Disabled	
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.				
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>					
 Harmful <input type="checkbox"/>	 Toxic <input type="checkbox"/>	 Oxidising <input type="checkbox"/>			
 Irritant (May cause serious eye irritation) <input checked="" type="checkbox"/>	 Very Toxic <input type="checkbox"/>	 Explosive <input type="checkbox"/>			
 Sensitising <input type="checkbox"/>	 Flammable <input type="checkbox"/>	 Contains gas under pressure <input type="checkbox"/>			
 Corrosive <input type="checkbox"/>	 Highly Flammable <input type="checkbox"/>	 Biological <input type="checkbox"/>			
 Serious long term health hazard <input type="checkbox"/>	 Extremely Flammable <input type="checkbox"/>	 Radioactive <input type="checkbox"/>			
<b>5. The manner in which people may be exposed to the material</b>					
Which form does the substance take?	Gas <input type="checkbox"/>	Vapour <input type="checkbox"/>	Mist <input type="checkbox"/>	Fume <input type="checkbox"/>	
	Dust <input type="checkbox"/>	Liquid <input checked="" type="checkbox"/>	Solid <input type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					
Route(s) of exposure the substance takes	Injection <input type="checkbox"/>	Skin Absorption <input checked="" type="checkbox"/>	Skin Contact <input checked="" type="checkbox"/>		
	Inhalation <input checked="" type="checkbox"/>	Ingestion <input type="checkbox"/>	Eyes <input checked="" type="checkbox"/>	Other <input type="checkbox"/>	
If 'Other' state					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>				
<b>NFS.CA.12 – PRIME-A-PUMP CONCRETE PUMP PRIMER</b>				<a href="#"><u>INDEX</u></a>			
<b>Substance</b>	<b>Prime-a-Pump - Concrete Pump Primer</b>		<b>Trade Name</b>	<b>Concrete Pump Primer</b>			
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>			
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>							
Long-term exposure level (8hr TWA)		N/A					
Short-term exposure level (15 min)		EH40 - None					
List the risks to health from exposure to the substance							
Irritating to eyes and skin. May cause serious eye irritation.							
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>							
Control Measures							
<ul style="list-style-type: none"> <li>• Train and instruct operatives or under close supervision of competent person.</li> <li>• Dispose of via an authorised disposal agent to an approved disposal site.</li> <li>• Wash spill to drain. Sweep up avoiding dust and wash area with plenty of water.</li> <li>• Store in original container.</li> <li>• Only use in well ventilated areas.</li> <li>• Do not breathe the dust.</li> <li>• Avoid contact with skin and eyes.</li> <li>• Appropriate issue of PPE.</li> <li>• All work in a confined space must be properly planned, and only carried out and supervised by trained and competent personnel.</li> </ul>							
Compatibility Warning (such as adverse reactions if it comes into contact with others)							
N/A							
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>							
What type of health surveillance or monitoring is required?				N/A			
Personal Protective Equipment (PPE) required							
	Dust Mask	<input type="checkbox"/>	Any specific type:		Visor	<input type="checkbox"/>	Any specific type:
	Respirator	<input type="checkbox"/>	Any specific type:		Goggles	<input checked="" type="checkbox"/>	Any specific type:
	Gloves	<input checked="" type="checkbox"/>	Any specific type:		Overalls	<input checked="" type="checkbox"/>	Any specific type:
	Footwear	<input checked="" type="checkbox"/>	Any specific type:		Other	<input type="checkbox"/>	Provide details:
<b>8. Specific fire controls and emergency measures required</b>							
First Aid Measures	Eye Contact:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation persists.					
	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.					
	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.					
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.12 – PRIME-A-PUMP CONCRETE PUMP PRIMER</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Prime-a-Pump - Concrete Pump Primer</b>		<b>Trade Name</b>	<b>Concrete Pump Primer</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
First Aid Measures	Ingestion:	DO NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Loosen tight clothing such as a collar, tie, belt or waistband. Get medical attention if symptoms appear.			
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input checked="" type="checkbox"/>
		CO2	<input type="checkbox"/>	Other State:	<input type="checkbox"/>
		Dry Powder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	Store in original container.				
How to dispose of it	Hazardous Waste	<input type="checkbox"/>	Biological Waste		
	General Waste	<input checked="" type="checkbox"/>	Other		
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable		
What to do about spills	Do not let product enter drains. Pick up and arrange disposal without creating dust. Damp down, sweep up and shovel into a suitable closed container for disposal. Sweep up avoiding dust and wash area with plenty of water. NOTE: Prime-a-Pump is biodegradable and contains no serious risks to health or environment.				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are any further controls needed (e.g. specific training requirements)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, provide details					
<i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i>					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.13 – CEMENT</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Cement</b>	<b>Trade Name</b>	<b>Cement</b>			
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>			
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.				How Long?	How Often?	
Used for making concrete, screeds, mortars and renders. Mixing mortar and cement products along with hand application using trowels. Risk of contact with skin, eyes and lungs.				-	-	
Location of the work		General Sites				
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?				Varies		
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.					
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
 Harmful	<input checked="" type="checkbox"/>	 Toxic	<input type="checkbox"/>	 Oxidising	<input type="checkbox"/>	
 Irritant	<input checked="" type="checkbox"/>	 Very Toxic	<input type="checkbox"/>	 Explosive	<input type="checkbox"/>	
 Sensitising	<input checked="" type="checkbox"/>	 Flammable	<input type="checkbox"/>	 Contains gas under pressure	<input type="checkbox"/>	
 Corrosive	<input type="checkbox"/>	 Highly Flammable	<input type="checkbox"/>	 Biological	<input type="checkbox"/>	
 Serious long term health hazard	<input type="checkbox"/>	 Extremely Flammable	<input type="checkbox"/>	 Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input checked="" type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input type="checkbox"/>	Skin Contact	<input checked="" type="checkbox"/>
	Inhalation	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
If 'Other' state						


















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.13 – CEMENT</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Cement</b>	<b>Trade Name</b>	<b>Cement</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		4mg / m <sup>3</sup>		
Short-term exposure level (15 min)		EH40 - None		
List the risks to health from exposure to the substance				
<ul style="list-style-type: none"> <li>Irritant: Possible Carcinogen; Skin and Respiratory Sensitizer.</li> <li>Inhalation of dust may cause irritation of respiratory tracts.</li> <li>Skin or eye contact with dust or mixed product can result in burns/ulceration as the substance is strongly alkaline.</li> <li>Contact dermatitis can occur with prolonged and repeated skin contact.</li> </ul>				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Ensure that cementitious products have Chromium VI buffer agent which is in date (normally 60 days from date of manufacture).</li> <li>Wear gloves where skin contact is likely (laying/mixing operations).</li> <li>Eye protection is to be worn where mixing operations are conducted and when splashes could occur.</li> <li>Provide supply of clean water where splashes may occur.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask <input checked="" type="checkbox"/>	Any specific type: Task Assessed		Visor <input type="checkbox"/> Any specific type:
	Respirator <input type="checkbox"/>	Any specific type:		Goggles <input type="checkbox"/> Any specific type:
	Gloves <input checked="" type="checkbox"/>	Any specific type: Task Assessed		Overalls <input checked="" type="checkbox"/> Any specific type: Task Assessed
	Footwear <input checked="" type="checkbox"/>	Any specific type: Task Assessed		Other <input type="checkbox"/> Provide details:
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Immediately flush / irrigate eyes with copious amounts of clean water for at least 15 minutes. Get medical attention if irritation occurs.		
	Skin Contact:	Wash with soap and water. Cover the irritated skin with barrier cream. Get medical attention if irritation develops.		
	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. Get medical attention if there is irritation to the respiratory tract.		
	Ingestion:	N/A		

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.13 – CEMENT</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Cement</b>		<b>Trade Name</b>	<b>Cement</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements		N/A			
How to dispose of it		Hazardous Waste <input type="checkbox"/>	Biological Waste <input type="checkbox"/>		
		General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
		Return to Supplier <input checked="" type="checkbox"/>	State: Not Applicable		
What to do about spills		<p><b>Wet Cement:</b></p> <p>5. If the spill is a large amount, quickly prevent it from spreading by forming a barrier with sand or soil. Reclaim directly if possible and reuse it or dispose of it properly. Local authorities should be advised if significant spillages cannot be contained and if environmental pollution occurs (i.e. if the wet cement is likely to enter sewers and/or waterways).</p> <p>6. Smaller amounts of wet or damp cement can be managed by dousing it with plenty of water to dilute it. Use a water hose or fill a bucket with water and pour it directly onto the spill.</p> <p>7. Scrape up the cement with a shovel whilst continuing to dilute it with water. Scrape vigorously to remove the moistened cement, throwing the spilled pieces into a skip or bucket.</p> <p>8. Use a stiff brush to remove any remaining cement. Cover with water if necessary to lift all remaining residue and continue to brush, adding water, until the spill is gone</p> <p><b>Dried Cement:</b></p> <p>3. Use a Concrete Remover product (e.g. Fuze) and follow the manufacturer instructions.</p> <p>4. Break up any remaining residue with a stiff bristled brush or chisel.</p>			
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details		<ul style="list-style-type: none"> <li>Ensure that suitable equipment for clearing and cleaning up is readily available.</li> <li>Operatives should be trained to respond to concrete spills.</li> </ul>			
<p><i>NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.</i></p>					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>					
<b>NFS.CA.14 – BRICK &amp; BLOCK DUST</b>					<a href="#"><u>INDEX</u></a>			
<b>Substance</b>	<b>Brick &amp; Block Dust</b>		<b>Trade Name</b>	<b>Brick &amp; Block Dust</b>				
<b>Manufacturer</b>	<b>N/A</b>		<b>Supplier</b>	<b>N/A</b>				
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer								
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>								
Is it possible to avoid the need to use this substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Is it possible to use a less harmful substitute substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
<b>2. The work process and location where the hazardous substance is to be used</b>								
Describe the activity or work process: <small>NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.</small>			How Long?	How Often?	How Much?			
Dust is generated by work activities such as cutting			-	-	-			
Location of the work	General. Typically on construction site.							
<b>3. People who are at risk from exposure to the hazardous substance</b>								
How many people are directly exposed to the substance?			Varies					
The persons at risk	Employees	Students	Susceptible Persons	Other				
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Susceptible Categories	Young	Elderly	Pregnant	Disabled				
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.					
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>								
 Harmful	<input checked="" type="checkbox"/>	 Toxic	<input type="checkbox"/>	 Oxidising	<input type="checkbox"/>			
 Irritant	<input checked="" type="checkbox"/>	 Very Toxic	<input type="checkbox"/>	 Explosive	<input type="checkbox"/>			
 Sensitising	<input type="checkbox"/>	 Flammable	<input type="checkbox"/>	 Contains gas under pressure	<input type="checkbox"/>			
 Corrosive	<input type="checkbox"/>	 Highly Flammable	<input type="checkbox"/>	 Biological	<input type="checkbox"/>			
 Serious long term health hazard	<input type="checkbox"/>	 Extremely Flammable	<input type="checkbox"/>	 Radioactive	<input type="checkbox"/>			
<b>5. The manner in which people may be exposed to the material</b>								
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>	Fume	<input type="checkbox"/>
	Dust	<input checked="" type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other' state								
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input type="checkbox"/>	Skin Contact	<input type="checkbox"/>		
	Inhalation	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other' state								

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>				
<b>NFS.CA.14 – BRICK &amp; BLOCK DUST</b>					<a href="#"><u>INDEX</u></a>		
<b>Substance</b>	<b>Brick &amp; Block Dust</b>		<b>Trade Name</b>	<b>Brick &amp; Block Dust</b>			
<b>Manufacturer</b>	<b>N/A</b>		<b>Supplier</b>	<b>N/A</b>			
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>							
Long-term exposure level (8hr TWA)		EH40 – Silica – Silicon Dioxide inhalable dust - 10mg / m <sup>3</sup> EH40 – Silica – Silicon Dioxide respirable dust - 4mg / m <sup>3</sup>					
Short-term exposure level (15 min)		EH40 – None					
List the risks to health from exposure to the substance							
<ul style="list-style-type: none"> <li>Inhalation of brick dust may cause respiratory disease.</li> <li>Skin or eye contact with dust may cause irritation to skin and eyes.</li> </ul>							
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>							
Control Measures							
<ul style="list-style-type: none"> <li>Dust extraction or water spraying attachments are fitted to fixed mechanical cutting machines.</li> <li>Operatives wear dust masks and eye protection during cutting activities.</li> <li>Operatives never exceed the WEL's</li> <li>Users are instructed int eh safe handling and use of the product.</li> </ul>							
Compatibility Warning (such as adverse reactions if it comes into contact with others)							
N/A							
Will health surveillance or monitoring be required?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>							
What type of health surveillance or monitoring is required?					N/A		
Personal Protective Equipment (PPE) required							
	Dust Mask	<input checked="" type="checkbox"/>	Any specific type: Task Assessed		Visor <input type="checkbox"/> Any specific type:		
	Respirator	<input type="checkbox"/>	Any specific type:		Goggles <input checked="" type="checkbox"/> Any specific type: Task Assessed		
	Gloves	<input type="checkbox"/>	Any specific type:		Overalls <input type="checkbox"/> Any specific type:		
	Footwear	<input type="checkbox"/>	Any specific type:		Other <input type="checkbox"/> Provide details:		
<b>8. Specific fire controls and emergency measures required</b>							
First Aid Measures	Eye Contact:	Irrigate eyes with copious amounts of clean water for at least 15 minutes. If irritation persists seek medical advice.					
	Skin Contact:	Wash with soap and water. Get medical attention if irritation develops.					
	Inhalation:	If inhaled, remove to fresh air. If breathing is difficult, give oxygen. Get medical attention.					
	Ingestion:	N/A					
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input type="checkbox"/>	CO2	<input type="checkbox"/>
		Dry Powder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>	Other State:	<input type="checkbox"/>
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.14 – BRICK &amp; BLOCK DUST</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Brick &amp; Block Dust</b>	<b>Trade Name</b>	<b>Brick &amp; Block Dust</b>	
<b>Manufacturer</b>	<b>N/A</b>	<b>Supplier</b>	<b>N/A</b>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>				
Storage Requirements	N/A			
How to dispose of it	Hazardous Waste	<input type="checkbox"/>	Biological Waste	<input type="checkbox"/>
	General Waste	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable	
What to do about spills	N/A			
<b>10. Conclusion of COSHH Assessment</b>				
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, provide details				
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.				









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.15 – WASHED SAND</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Washed Sand</b>		<b>Trade Name</b>	<b>Sand</b>		
<b>Manufacturer</b>	<b>Various – see MSDS</b>		<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is it possible to use a less harmful substitute substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?	
Sand is used for mixing with cement to produce mortar and aggregate to produce concrete			Varies	Varies	Varies	
Location of the work	General. Typically on construction sites.					
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.			
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input checked="" type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input checked="" type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input type="checkbox"/>	Skin Contact	<input type="checkbox"/>
	Inhalation	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
If 'Other' state						


















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>				
<b>NFS.CA.15 – WASHED SAND</b>					<a href="#"><u>INDEX</u></a>		
<b>Substance</b>	<b>Washed Sand</b>		<b>Trade Name</b>	<b>Sand</b>			
<b>Manufacturer</b>	<b>Various – see MSDS</b>		<b>Supplier</b>	<b>Various</b>			
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>							
Long-term exposure level (8hr TWA)			Quartz (Silica) – 0.3mg / m <sup>3</sup>				
Short-term exposure level (15 min)			EH40 – None				
List the risks to health from exposure to the substance							
Inhalation: Prolonged exposure to silica at concentrations in excess of the MEL over several years may result in the development of silicosis.							
Eye Contact: Wind blown sand particles may result in eye irritation.							
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>							
Control Measures							
<ul style="list-style-type: none"> <li>Eye protection is to be provided for personnel handling sand in dry and very windy conditions.</li> <li>Users are to be instructed in the safe handling and use of the product.</li> </ul>							
Compatibility Warning (such as adverse reactions if it comes into contact with others)							
N/A							
Will health surveillance or monitoring be required?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>							
What type of health surveillance or monitoring is required?					N/A		
Personal Protective Equipment (PPE) required							
	Dust Mask	<input checked="" type="checkbox"/>	Any specific type: If dry and dusty		Visor <input type="checkbox"/> Any specific type:		
	Respirator	<input type="checkbox"/>	Any specific type:		Goggles <input checked="" type="checkbox"/> Any specific type:		
	Gloves	<input type="checkbox"/>	Any specific type:		Overalls <input type="checkbox"/> Any specific type:		
	Footwear	<input type="checkbox"/>	Any specific type:		Other <input type="checkbox"/> Provide details:		
<b>8. Specific fire controls and emergency measures required</b>							
First Aid Measures	Eye Contact:	Irrigate eyes with copious amounts of clean water for 15 minutes. If irritation persists seek medical advice.					
	Skin Contact:	N/A					
	Inhalation:	N/A					
	Ingestion:	N/A					
Type of Fire Extinguisher		Water	<input type="checkbox"/>	Foam	<input type="checkbox"/>	CO2	<input type="checkbox"/>
		Dry Powder	<input type="checkbox"/>	Fire Blanket	<input type="checkbox"/>	Other State:	<input type="checkbox"/>

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.15 – WASHED SAND</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Washed Sand</b>	<b>Trade Name</b>	<b>Sand</b>	
<b>Manufacturer</b>	<b>Various – see MSDS</b>	<b>Supplier</b>	<b>Various</b>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>				
Storage Requirements	N/A			
How to dispose of it	Hazardous Waste	<input type="checkbox"/>	Biological Waste	<input type="checkbox"/>
	General Waste	<input type="checkbox"/>	Other	<input type="checkbox"/>
	Return to Supplier	<input type="checkbox"/>	State: Not Applicable	
What to do about spills	N/A			
<b>10. Conclusion of COSHH Assessment</b>				
Is exposure to this substance now adequately controlled?			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)			Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details				
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.				









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.16 – LEPTOSPIROSIS</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Leptospirosis</b>		<b>Trade Name</b>	<b>Weils Disease</b>		
<b>Manufacturer</b>	<b>N/A</b>		<b>Supplier</b>	<b>N/A</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is it possible to use a less harmful substitute substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.			How Long?	How Often?	How Much?	
Contact with Leptospirosis (Weil's Disease) will mainly be associated with persons working in/around sewers, drainage systems, near water courses, canals, docks, derelict buildings, rubbish tips or other premises where rat infestation is likely. Rat's urine carries the disease.			All Day	Every Day	Not Known	
Location of the work		General sites and near to water				
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.					
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input checked="" type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input checked="" type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state	Bacterium					
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input checked="" type="checkbox"/>	Skin Contact	<input type="checkbox"/>
	Inhalation	<input type="checkbox"/>	Ingestion	<input checked="" type="checkbox"/>	Eyes	<input type="checkbox"/>
If 'Other' state	Through skin cuts and abrasions					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.16 – LEPTOSPIROSIS</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Leptospirosis</b>	<b>Trade Name</b>	<b>Weils Disease</b>	
<b>Manufacturer</b>	<b>N/A</b>	<b>Supplier</b>	<b>N/A</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		EH40 – None		
Short-term exposure level (15 min)		EH40 – None		
List the risks to health from exposure to the substance				
Leptospirosis (Weil's Disease)				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>All open wounds are covered before commencing work.</li> <li>Personnel are instructed on the hazard, precautions and action to be taken in such circumstances.</li> <li>Personnel are issued with medical information cards.</li> <li>First Aid and hygiene facilities are available.</li> <li>Appropriate protective clothing and impervious gloves are provided and worn.</li> <li>Good personal hygiene standards are achieved.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	
	Respirator	<input type="checkbox"/>	Any specific type:	
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Impermeable	
	Footwear	<input type="checkbox"/>	Any specific type:	
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	N/A		
	Skin Contact:	Cuts: Cuts, minor abrasions or scratches must be carefully cleaned with sterile wipes or soap and clean water. Cover with waterproof dressing. Ingestion: If ingestion occurs of possible contaminated water/substance, seek medical advice.		
	Inhalation:	N/A		
	Ingestion:	N/A		
















<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.16 – LEPTOSPIROSIS</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Leptospirosis</b>		<b>Trade Name</b>	<b>Weils Disease</b>	
<b>Manufacturer</b>	<b>N/A</b>		<b>Supplier</b>	<b>N/A</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input type="checkbox"/>	CO2 <input type="checkbox"/>	
		Dry Powder <input type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements	N/A				
How to dispose of it	Hazardous Waste <input type="checkbox"/>		Biological Waste <input type="checkbox"/>		
	General Waste <input type="checkbox"/>		Other <input type="checkbox"/>		
	Return to Supplier <input type="checkbox"/>		State: Not Applicable		
What to do about spills	N/A				
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					









<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>			
<b>NFS.CA.17 – BRAKE &amp; CLUTCH FLUID</b>					<a href="#"><u>INDEX</u></a>	
<b>Substance</b>	<b>Brake &amp; Clutch Fluid</b>		<b>Trade Name</b>	<b>Brake &amp; Clutch Fluid</b>		
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>		
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer						
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>						
Is it possible to avoid the need to use this substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Is it possible to use a less harmful substitute substance?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>2. The work process and location where the hazardous substance is to be used</b>						
Describe the activity or work process: <small>NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.</small>			How Long?	How Often?	How Much?	
This substance is used on the braking systems/hydraulic clutches of plant and vehicles			Varies	Varies	Varies	
Location of the work	Construction sites					
<b>3. People who are at risk from exposure to the hazardous substance</b>						
How many people are directly exposed to the substance?			Varies			
The persons at risk	Employees	Students	Susceptible Persons	Other		
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Susceptible Categories	Young	Elderly	Pregnant	Disabled		
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.			
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>						
	Harmful	<input type="checkbox"/>		Toxic	<input type="checkbox"/>	
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>	
	Sensitising	<input type="checkbox"/>		Flammable	<input type="checkbox"/>	
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>	
	Serious long term health hazard	<input checked="" type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>	
				Oxidising	<input type="checkbox"/>	
				Explosive	<input type="checkbox"/>	
				Contains gas under pressure	<input type="checkbox"/>	
				Biological	<input type="checkbox"/>	
				Radioactive	<input type="checkbox"/>	
<b>5. The manner in which people may be exposed to the material</b>						
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input checked="" type="checkbox"/>	Solid	<input type="checkbox"/>
If 'Other' state						
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input checked="" type="checkbox"/>	Skin Contact	<input checked="" type="checkbox"/>
	Inhalation	<input type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input type="checkbox"/>
If 'Other' state						



<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>	
<b>NFS.CA.17 – BRAKE &amp; CLUTCH FLUID</b>				<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Brake &amp; Clutch Fluid</b>		<b>Trade Name</b>	<b>Brake &amp; Clutch Fluid</b>
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>				
Long-term exposure level (8hr TWA)		Brake fluid (oil mist) 5mg / m³		
Short-term exposure level (15 min)		Brake fluid (oil mist) 10mg / m³		
List the risks to health from exposure to the substance				
Inhalation: Not likely under normal use. Skin Contact: Prolonged skin contact may result in irritation and dermatitis. Eye Contact: Eye contact may result in mild irritation. Ingestion: Ingestion may result in irritation, nausea and vomiting.				
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>				
Control Measures				
<ul style="list-style-type: none"> <li>Eye protection should be worn to protect from splashes.</li> <li>Impervious gloves are worn if prolonged contact is likely.</li> <li>Barrier creams are used/good hygiene protection is adopted.</li> <li>This substance is stored in dry conditions away from oils, petrol.</li> <li>Users are instructed in the safe handling and use of the product.</li> </ul>				
Compatibility Warning (such as adverse reactions if it comes into contact with others)				
N/A				
Will health surveillance or monitoring be required?				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.				
What type of health surveillance or monitoring is required?				N/A
Personal Protective Equipment (PPE) required				
	Dust Mask	<input type="checkbox"/>	Any specific type:	
	Respirator	<input type="checkbox"/>	Any specific type:	
	Gloves	<input checked="" type="checkbox"/>	Any specific type:	
	Footwear	<input type="checkbox"/>	Any specific type:	
<b>8. Specific fire controls and emergency measures required</b>				
First Aid Measures	Eye Contact:	Wash with copious amounts of water/eyewash.		
	Skin Contact:	Wash with soap and water.		
	Inhalation:	Remove from exposure.		
	Ingestion:	DO NOT induce vomiting. Give milk to drink. Seek medical advice.		

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.17 – BRAKE &amp; CLUTCH FLUID</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Brake &amp; Clutch Fluid</b>		<b>Trade Name</b>	<b>Brake &amp; Clutch Fluid</b>	
<b>Manufacturer</b>	<b>Various – See MSDS</b>		<b>Supplier</b>	<b>Various</b>	
Type of Fire Extinguisher		Water <input type="checkbox"/>	Foam <input checked="" type="checkbox"/>	CO2 <input checked="" type="checkbox"/>	
		Dry Powder <input checked="" type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other State: <input type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>					
Storage Requirements		N/A			
How to dispose of it		Hazardous Waste <input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
		General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
		Return to Supplier <input type="checkbox"/>	State: Not Applicable		
What to do about spills		Cover spillage with absorbent material and dispose of according to local authority requirements.			
<b>10. Conclusion of COSHH Assessment</b>					
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
If yes, provide details					
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.					

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>					
<b>NFS.CA.18 – KILLFROST K400</b>					<a href="#"><u>INDEX</u></a>			
<b>Substance</b>	<b>Pneumatic Tool Anti-Freeze</b>		<b>Trade Name</b>	<b>Kilfrost</b>				
<b>Manufacturer</b>	<b>Kilfrost LTD</b>		<b>Supplier</b>	<b>Various</b>				
Before completing this COSHH assessment, ensure that you have a copy of the latest MSDS (Material Safety Data Sheet) for the substance. MSDS's are available from product supplier and/or the manufacturer								
<b>1. Eliminating the need to use hazardous substances or substituting it for a safer alternative</b>								
Is it possible to avoid the need to use this substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is it possible to use a less harmful substitute substance?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
<b>2. The work process and location where the hazardous substance is to be used</b>								
Describe the activity or work process: <small>NOTE: Include how long the task will take, how often it will be repeated and how much of the substance is used.</small>			How Long?	How Often?	How Much?			
Used via the compressor and the compressor hoses to discharge into the pneumatic tools to prevent frost and ice build-up. Or discharged directly into the tool needed for the required operation.			Varies	Varies	Varies			
Location of the work	General Sites – Internal and External							
<b>3. People who are at risk from exposure to the hazardous substance</b>								
How many people are directly exposed to the substance?			Varies					
The persons at risk	Employees	Students	Susceptible Persons	Other				
	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Susceptible Categories	Young	Elderly	Pregnant	Disabled				
	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>				
Vulnerable Persons	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Other factors that may predispose them to damage caused by the hazardous properties of a material. This might include disease, atopy (allergic) or some other pre-existing conditions.							
<b>4. Hazard Classification (place an ✓ in the box next to the appropriate sign)</b>								
	Harmful	<input checked="" type="checkbox"/>		Toxic	<input checked="" type="checkbox"/>		Oxidising	<input type="checkbox"/>
	Irritant	<input checked="" type="checkbox"/>		Very Toxic	<input type="checkbox"/>		Explosive	<input type="checkbox"/>
	Sensitising	<input type="checkbox"/>		Flammable	<input checked="" type="checkbox"/>		Contains gas under pressure	<input type="checkbox"/>
	Corrosive	<input type="checkbox"/>		Highly Flammable	<input type="checkbox"/>		Biological	<input type="checkbox"/>
	Serious long term health hazard	<input type="checkbox"/>		Extremely Flammable	<input type="checkbox"/>		Radioactive	<input type="checkbox"/>
<b>5. The manner in which people may be exposed to the material</b>								
Which form does the substance take?	Gas	<input type="checkbox"/>	Vapour	<input type="checkbox"/>	Mist	<input type="checkbox"/>	Fume	<input type="checkbox"/>
	Dust	<input type="checkbox"/>	Liquid	<input checked="" type="checkbox"/>	Solid	<input type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other' state								
Route(s) of exposure the substance takes	Injection	<input type="checkbox"/>	Skin Absorption	<input checked="" type="checkbox"/>	Skin Contact	<input checked="" type="checkbox"/>		
	Inhalation	<input checked="" type="checkbox"/>	Ingestion	<input type="checkbox"/>	Eyes	<input checked="" type="checkbox"/>	Other	<input type="checkbox"/>
If 'Other' state								

<b>CONTRACT</b>	<b>200809</b>	<b>SITE ADDRESS</b>	<b>Euro-City Eastern, 152-156 Kentish Town Road, London NW1 9QB</b>		
<b>NFS.CA.18 – KILLFROST K400</b>					<a href="#"><u>INDEX</u></a>
<b>Substance</b>	<b>Pneumatic Tool Anti-Freeze</b>		<b>Trade Name</b>	<b>Kilfrost</b>	
<b>Manufacturer</b>	<b>Kilfrost LTD</b>		<b>Supplier</b>	<b>Various</b>	
<b>6. Details of the Workplace Exposure Limits (WEL's) and Time Weighted Averages (TWA's)</b>					
Long-term exposure level (8hr TWA)		WEL 10mg/m3 particulate WEL 20 ppm 52 mg/m3 vapour			
Short-term exposure level (15 min)		WEL 40 ppm 104 mg/m3 vapour			
List the risks to health from exposure to the substance					
<ul style="list-style-type: none"> <li>Flammable.</li> <li>Irritating to eyes and skin.</li> <li>Harmful if swallowed.</li> <li>Toxic to aquatic organisms, may cause long term adverse effects in the aquatic environment.</li> </ul>					
<b>7. Details of the control measures to be applies (e.g. Extraction, Ventilation and Supervision). Include any additional controls for vulnerable persons, where necessary</b>					
Control Measures					
<ul style="list-style-type: none"> <li>Train and instruct operatives or under close supervision of competent person.</li> <li>Transfer to a closable, labelled salvage container for disposal by a licensed waste disposal contractor.</li> <li>Absorbs spills into dry earth or sand. Avoid the formation or spread of mists in the air.</li> <li>Store in a cool, well ventilated area away from sources of ignition.</li> <li>Do not discharge into drains and water courses.</li> <li>Flammable. No smoking or naked lights.</li> <li>Only use in well ventilated areas. Do not breathe vapour/spray.</li> <li>Avoid direct contact with skin and eyes.</li> <li>Appropriate issue of PPE.</li> <li>Respiratory protection must be used if the airborne contamination exceeds the recommended occupational exposure limit.</li> </ul>					
Compatibility Warning (such as adverse reactions if it comes into contact with others)					
N/A					
Will health surveillance or monitoring be required?					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<i>NOTE: Health surveillance may be required for vulnerable persons, such as pregnant workers, young workers, those with asthma, dermatitis and allergies etc.</i>					
What type of health surveillance or monitoring is required?					N/A
Personal Protective Equipment (PPE) required					
	Dust Mask	<input type="checkbox"/>	Any specific type:		Visor <input type="checkbox"/> Any specific type:
	Respirator	<input type="checkbox"/>	Any specific type:		Goggles <input checked="" type="checkbox"/> Any specific type:
	Gloves	<input checked="" type="checkbox"/>	Any specific type: Impermeable		Overalls <input checked="" type="checkbox"/> Any specific type:
	Footwear	<input checked="" type="checkbox"/>	Any specific type:		Other <input type="checkbox"/> Provide details:
<b>8. Specific fire controls and emergency measures required</b>					
	Eye Contact:	Check for and remove any contact lenses. In case of contact, immediately flush eyes with plenty of water for at least 15 minutes. Get medical attention if irritation occurs.			

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<b>Substance</b>	<b>Pneumatic Tool Anti-Freeze</b>		<b>Trade Name</b>	<b>Kilfrost</b>
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First Aid Measures	Skin Contact:	Wash with soap and water. Cover the irritated skin with an emollient. Get medical attention if irritation develops.		
	Inhalation:	If inhaled, remove to fresh air. If not breathing, give artificial respiration. If breathing is difficult, give oxygen. Get medical attention.		
First Aid Measures	Ingestion:	DO NOT induce vomiting unless directed to do so by medical personnel. Never give anything by mouth to an unconscious person. Rinse mouth thoroughly with water, give plenty of water to drink. Give milk instead of water if readily available. Get medical attention if symptoms appear.		
Type of Fire Extinguisher	Water <input checked="" type="checkbox"/>	Foam <input type="checkbox"/>	CO2 <input type="checkbox"/>	
	Dry Powder <input type="checkbox"/>	Fire Blanket <input type="checkbox"/>	Other: Use fire extinguishing media suitable for the surrounding fire. <input checked="" type="checkbox"/>	
<b>9. Specific storage, disposal of waste substances and containers and spillage requirements</b>				
Storage Requirements	Store in tightly closed, original container in a dry cool well ventilated area away from sources of ignition.			
How to dispose of it	Hazardous Waste <input checked="" type="checkbox"/>	Biological Waste <input type="checkbox"/>		
	General Waste <input type="checkbox"/>	Other <input type="checkbox"/>		
	Return to Supplier <input type="checkbox"/>	State: Not Applicable		
What to do about spills	Absorb spillage with non- combustible, absorbent material. Absorb spills into dry earth or sand.			
<b>10. Conclusion of COSHH Assessment</b>				
Is exposure to this substance now adequately controlled?				Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Are any further controls needed (e.g. specific training requirements)				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
If yes, provide details				
NOTE: This COSHH Assessment applies only to the specifically assessed substance when encountered or used in the activity and/or conditions described above. If there is a change in the activity or conditions in which the substance is encountered or used, a new assessment must be made.				