Health and Safety

COSHH
Control of Substances Hazardous to Health

Minimum Standard

Version	**V1.0**
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Approver	ELT Operating Committee
Effective Date	20/06/2022
Review Date	20/06/2025

1 Aims and Principles

The aim of this Government of Jersey (GoJ) Minimum Standard is to provide guidance on the steps which should be taken to ensure employees are not exposed to any substances which could be harmful to their health during working activities.

Departments which carry out works using hazardous substances develop their own procedures which details the specific arrangements to be implemented. The procedures must include the standards set out in this document or be of an equivalent or higher standard.

2 Legislation and Guidance

a) Applicable Legislation

Health and Safety at Work (Jersey) Law, 1989

b) Guidance

COSHH Index (UK HSE)

Working with Hazardous Substances – A Brief Guide to COSHH (UK HSE)

COSHH Essentials (UK HSE)

Local Exhaust Ventilation (LEV) workplace fume and dust extraction (UK HSE)

EH40/2005 Workplace Exposure Limits (UK HSE)

3 Definitions

Hazardous Substance

A hazardous substance is any substance which has the potential to cause negative health effects, whether acute (immediate) or chronic (long-term). Ref. Section 7 for a full description.

Classification of Hazardous Substances

Hazardous substances, including mixtures of substances are classified under the UK Classification, Labelling and Packaging of Substances and Mixtures (CLP) Regulations 2009 and UK Registration, Evaluation, Authorisation and Restriction of Chemicals (REACH) Regulations. The hazard pictograms used on labels and packaging are shown in Appendix A.

Workplace Exposure Limits (WELs)

WELs are British occupational exposure limits which are set in order to help protect the health of workers. WELs are concentrations of hazardous substances in the air, averaged over a specified period of time, referred to as a time-weighted average (TWA).

Two time periods are generally used:

- long-term (8 hours); and
- short-term (15 minutes)

Short-term exposure limits (STELs) are set to help prevent effects such as eye irritation, which may occur following exposure for a few minutes.

Hazardous substances with workplace exposure limits are listed in the UK HSE publication EH40/2005 Workplace Exposure Limits.

Safety Data Sheet (SDS)

SDSs are documents which contain details about hazards and risks relevant to the hazardous substance, requirements for safe handling, storage, disposal and actions required in case of fire, spill or over exposure.

They are integral in the preparation of a suitable and sufficient risk assessment regarding the use, handling and storage of the product and are freely available from manufacturers or suppliers and can often be found online.

4 Who this Minimum Standard Applies to

The following persons who manage or carry out work which involves hazardous substances or who engage contractors to carry out such work.

- All Government of Jersey (GoJ) and States' employees
- Voluntary staff or those on honorary contracts where there is no implied contract of employment

5 Links to other GoJ Policies, Minimum Standards and Guidance

a) Policies

Government of Jersey - Health and Safety Policy

b) GoJ Minimum Standards

Risk Assessment
Occupational Health – Assessment and Monitoring
Personal Protective Equipment
First Aid

6 Roles and Responsibilities

The department's arrangements must clearly set out the roles and responsibilities of those required to manage the risks to employees and others from exposure to hazardous substances.

Reference should be made to the Government of Jersey Health and Safety Policy for general responsibilities.

7 Hazardous Substances

A hazardous substance is any substance which has potential to cause negative health effects, whether acute (immediate) or chronic (long-term).

Hazardous substances come in many forms and the risks posed will vary depending on how the substance is used e.g. a liquid may become more hazardous if it is sprayed as this can be inhaled.

Hazardous substances may be:

- Solid
- Liquid
- Gas including asphyxiating gases
- Dust
- Fibres
- Mist
- Fume

- Aerosol
- Vapour
- Biological agents which include human pathogens which are classified into four hazard groups (HG 1 - 4) according to these criteria.

    - Ability to cause infection.
    - Severity of the disease that may result.
    - Risk that infection will spread to the population.
    - Availability of vaccines and effective treatment.

    The four hazard groups of human pathogens and the basis of their classification are as follows.

    - **Hazard group 1 (HG 1):** Biological agent that is unlikely to cause human disease.

    - **Hazard group 2 (HG 2):** Biological agent that can cause human disease and may be a hazard to employees but is unlikely to spread to the community and there is usually effective prophylaxis or treatment available.

    - **Hazard group 3 (HG 3):** Biological agent that can cause severe human disease and may be a serious hazard to employees and it may spread to the community but there is usually effective prophylaxis or treatment available.

    - **Hazard group 4 (HG 4):** Biological agent that causes severe human disease and is a serious hazard to employees and it is likely to spread to the community and there is usually no effective prophylaxis or treatment available.

Substances **NOT** covered by this COSHH Minimum Standard are:

- Medical/dental/pharmaceutical treatments (potential staff exposure must be assessed e.g. cytotoxic drugs)
- Radioactive materials (Ref: Corporate Minimum Standard – Ionising Radiation)
- Extremes of hot or cold
- Lead
- Asbestos (Ref. Corporate Minimum Standard – Management of Asbestos).

8 Routes of Exposure

There are a number of routes of exposure onto or into the body which can cause injury and for some tasks, persons may be at risk from more than one route.

Inhalation	Once breathed in, some substances can attack the nose, throat or lungs while others can enter further into the body through the lungs and cause harm to other parts of the body e.g. the liver
Skin contact	Some substances damage the skin itself, whilst others pass through it and damage other parts of the body. Skin can become contaminated by: • Direct contact with the substance, e.g. if you touch it or dip your hands in it • Splashes onto the skin • Substances landing on the skin, e.g. airborne dust or aerosol • Contact with contaminated surfaces – including contact with contamination inside protective gloves.
Ingestion	Hazardous substances can be transferred to the mouth from the hands during activities such as smoking and eating as a result of poor hygiene standards.
Contact with eyes	Some vapours, gases and dusts are irritating to eyes and can cause burns and even permanent eyesight damage
Skin puncture	Risks from skin puncture when using items such as sharp tools or needles e.g. biological agents etc

9 Preparing an Inventory

The first step in managing the risks posed by hazardous substances is to identify all the hazardous substances used or produced in the workplace.

Some hazardous substances will be obvious, such as chemicals used, whilst others will be less obvious such as dusts created during processes.

Less apparent hazardous substances also include agents such as bleach or other cleaning agents available for use in kitchen areas etc.

It is important that the inventory captures all possible hazardous substances. If it is concluded through the risk assessment that they do not pose a risk to health, then they can be removed from the inventory.

10 COSHH Risk Assessment

The assessment of the risks posed by hazardous substances is a crucial part of ensuring these risks are properly managed.

The Assessment Process

The assessment should take into account where applicable:

- The properties of the hazardous substance*
- The environment in which the substance is being used e.g. enclosed, open air
- How the substance is being used e.g. sprayed, brush applied, poured etc.
- The routes of exposure
- Who could be exposed to it including those who may be more at risk
- The extent of exposure and any applicable Workplace Exposure Limits
- Storage of the hazardous substance
- Consequences of potential spillage or accidental release of the hazardous substance
- Any particular first aid requirements
- Any controls required to deal with spillage to prevent spread, environmental contamination etc.
- Any existing controls in place
- Personal protective equipment

*A key document which should be obtained for hazardous substances purchased is an up-to-date Safety Data Sheet (SDS). This is available from either the manufacturer/supplier or is often accessible online.

Further information on factors to consider when carrying out the assessment is contained in Appendix B.

An example COSHH risk assessment is contained in Appendix C.

Alcumus-Sypol COSHH Management System

Some GoJ departments which use a high number of hazardous substances hold a licence for software that can be used to automatically complete a COSHH risk assessment. Information about how the hazardous substance is being used is inputted into the database and a pictorial risk assessment is generated, along with a COSHH control sheet showing compliance to the control measures identified.

Any department with access to this software should develop internal procedures for requesting a COSHH assessment using this system.

A template form for requesting a COSHH risk assessment using the Alcumus-Sypol COSHH Management System is available in Appendix D.

Reviewing Assessments

COSHH risk assessments should be reviewed when:

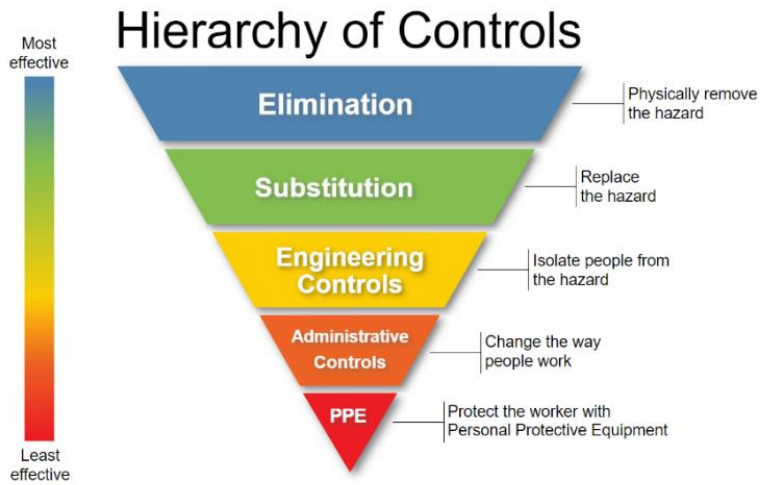
- Hazardous substances or biological agents are changed
- The procedure, process or environment changes significantly
- New information on the substance or process becomes available
- The classification of the substance changes
- There are changes in applicable legislation
- The current assessment identifies a review date

11 Prevention and Control of Exposure

The identification of control measures to prevent or control exposure is part of the risk assessment process. The COSHH risk assessment should determine likely routes and levels of exposure.

Some hazardous substances have been assigned workplace exposure limits WELs) and reference should be made to the Safety Data Sheet or EH40/2005 Workplace Exposure Limits for further information.

When considering controls, the basic principles of risk assessment should be taken into consideration:



Elimination	Eliminate the use of a harmful product or substance and use a safer one
Substitution	Use a safer form of the product, e.g. paste rather than powder or water-based instead of solvent-based; or Change the process to emit less of the substance
Isolation	Enclose the process so that the product does not escape
Engineering Controls	Extract emissions of the substance near the source i.e. Local Exhaust Ventilation*
Administrative Controls	Adopt a safe system of work e.g. store contaminated materials in sealed containers
Personal Protective Equipment	Provide personal protective equipment (PPE) such as coveralls, gloves, eye or respiratory protection

*Local Exhaust Ventilation (LEV)

LEV is often used as an engineering control for managing hazardous substance and can be very effective. It captures the hazardous substance at source which helps to significantly reduce the potential exposure.

Where the need for exhaust ventilation is identified the following information, where appropriate, should be in place:

- Unique identification e.g. asset tagging
- Records of inspection and maintenance held on file to include:
    - Equipment asset tag or unique identification
    - Date of inspection or maintenance
    - Date of current examination and test
    - Conditions at the time of the test e.g. normal production/operation or specific test criteria
    - The methods used to confirm system performance e.g. dust lamp, air sampling, filter integrity, visual or instrumentation
    - Detail required performance vs actual performance achieved
    - Name the individual carrying out the inspection, maintenance, examination or test
    - Any actions required

Personal Protective Equipment (PPE)

The use of PPE is the last resort when considering suitable control measures as it is the least effective. However, some exposures to substances can only be controlled by wearing PPE e.g. gloves to protect against skin contact.

Typical PPE for reducing exposure to hazardous substances are coveralls, gloves, eye and respiratory protection.

When choosing PPE, it is critical that the PPE provided protection against the particular hazardous substance e.g. particulate respiratory protection is not provided for use against aerosols or fume.

Where respiratory protection is used as the primary control measure for significant risks, the respirator must be suitable, sufficient and fit the user properly. Face-fit testing will usually be required.

Where PPE is used to protect against infection, reference should be made to relevant guidance and appropriate procedures developed.

Immunisation

Vaccines can be used to protect persons against some biological agents but are considered to be the last option. They should only be offered when it is not reasonably practicable to control the risk by other means.

Departments should assess the risks and where the risk of infection cannot be mitigated, vaccinations should be offered to employees using the protocols indicated in the Green Book Immunisation against infectious disease - GOV.UK (www.gov.uk).

Reference should be made to the GoJ Minimum Standard – Occupational Health – Assessment and Surveillance for further information on the use of immunisation as a control measure in the workplace.

12 Maintenance, Examination and Testing of Controls

All extraction equipment provided for controlling hazardous substances or biological agents must be serviced and/or tested at least every 14 months and records of servicing and testing must be kept for a period of at least 5 years.

Servicing and testing should be performed in accordance with manufacturer/supplier's instructions or in accordance with National/EC Standards. It should be carried out by a competent engineer who is likely to be an external contractor but may be in-house.

Extract equipment must be kept clean and any equipment without a fitted flow alarm

should be checked weekly to confirm it is working efficiently. A system of recording these weekly checks should be implemented.

13 Personal Monitoring

For some hazardous substances, personal monitoring may need to be implemented.

Where personal air monitoring for substances with a workplace exposure limit (WEL) is required, this will be carried out at least annually or in accordance with other published advice.

Contact should be made with the Department's Health and Safety Team for advice.

14 Health Surveillance

Health surveillance may be required where people could be affected by the substances or biological agents that they work with.

Health surveillance may be required for:

- Known or suspected mutagens and carcinogens
- Substances of recognised systemic toxicity where ingestion, inhalation, inoculation or absorption are probable
- Substances known to cause sensitisation
- Substances known to cause dermatitis
- Identifiable disease is associated with exposure to the substance

Where necessary this is carried out by the Occupation Health Service Provider.

For further advice on health surveillance, reference should be made to the Corporate Minimum Standard – Occupational Health Assessment and Surveillance and contact should be made with the department's health and safety team/adviser.

Both individual and collective results of any health surveillance should be available to employees.

Health surveillance records should be kept in accordance with the requirements of the Government of Jersey - Health and Safety Policy.

15 Background Monitoring

If background monitoring is identified as being necessary through the risk assessment, then this should be discussed with the department's health and safety team/adviser and be undertaken in consultation with specialist advisors.

Employees should be informed of the results of any background monitoring carried out in their workplace.

16 Information, Instruction, Training and Supervision

Information, instruction, training and supervision must be provided for staff and any students working with hazardous substances. This must be both suitable and sufficient and relevant to the substances used and cover the full extent of risk. The level of information, instruction, training and supervision provided must recognise the type of user e.g. closer supervision for young persons.

Information

Should include the following

- the hazardous substances the employee could be exposed to
- the details of health risks
- information on the control measures and why they are needed (what and how harm could be caused)

Where health surveillance is indicated, employees involved should be informed of the procedures and have access to their own records

Instruction

Employees to be instructed on the following:

- how to perform tasks safely
- how to use the control measures correctly
- procedures to be followed in the event of any foreseeable emergency e.g. Spillage/fire/first aid requirements.

Training

Must be given to employees who need to use any control measures and they should be trained in the use of PPE.

Training should include the risk assessment and in some cases, training may be required in emergency procedures.

Training should also be provided to any persons using the Alcumus-Sypol COSHH Management System.

Supervision	Should be undertaken regularly to ensure staff are working safely with substances.

17 Accident and Emergency Measures

Arrangements must be in place to ensure that any foreseeable emergencies, such as spillages, accidental release, fire and incidents/accidents requiring first aid provision, will be dealt with appropriately.

The Safety Data Sheet and COSHH risk assessment should be reviewed for further guidance regarding the measures which will need to be implemented e.g. specialised spill kits, absorbent sand, certain first aid provisions, PPE, antidotes, etc.

Where a spill kit is provided, adequate instructions to follow should be included, along with how to deal with any waste disposal requirements.

Should a spillage or fire require emergency services to attend e.g. Fire and Rescue Service or Ambulance Service, appropriate information regarding the incident and the Safety Data Sheet should be made available to the emergency personnel.

18 Auditing

The management arrangements for hazardous substance should be audited on an annual basis or sooner if any issues arise. This provides feedback on whether the controls which have been put in place are being used and are effective.

Forms which can be used to carry out the audits at the required intervals are available in Appendix E.

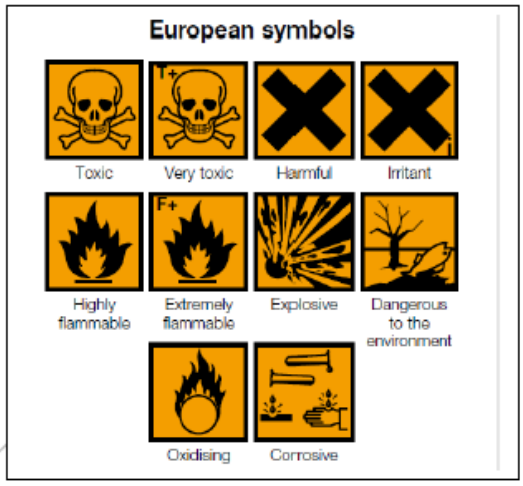
Appendix A

Hazard Symbol Definitions

Since 2009, new international symbols have been gradually replacing the European symbols. Some of them are similar to the European symbols, but there is no single word describing the hazard.

Read the hazard statement on the packaging and the safety data sheet from the supplier.

International COSHH Hazard (GB CLP) Pictograms	
	**Explosive** (Symbol: exploding bomb)
	**Oxidising** (Symbol: flame over circle)
	**Corrosive** (Symbol: corrosion on metal and hand)
	**Serious health hazard** (Symbol: health hazard)
	**Flammable** (Symbol: flame)
	**Gas under pressure** (Symbol: gas cylinder)
	**Acute toxicity** (Symbol: skull and crossbones)
	**Health hazard / Hazardous to the ozone layer** (Symbol: exclamation mark)
	**Hazardous to the environment** (Symbol: dead tree & fish



Appendix B

COSHH Risk Assessment Process

Identify work activities and/or processes that use or produce hazardous substances or biological agents, this includes how they are used, stored and disposed.

Gather information about the substance such as:

- Safety data sheet (available from supplier or manufacturer)
- Packaging information
- Reference documents

Identify who and how people are exposed:

- Who may be exposed?
- What circumstances might a person be exposed?
- What are the routes of entry into the body? e.g. inhalation, ingestion, skin contact etc.

Assess the risk:

- In what circumstances might people be affected?
- What type of environment are they working in? e.g. enclosed or open air
- How long are they exposed for?
- How many people are likely to be exposed?
- What is the frequency of exposure?
- Are there any existing controls?
- Who else might be affected? e.g. other persons in the area etc.
- Are there any people who may be more vulnerable? e.g. new or expectant mothers, breastfeeding mothers, disabled or young persons?

Assessing existing controls (do they work?)

- Are they suitable to control the hazardous substance?
- Are they sufficient to cope with the quantity of hazard substance?

- Are they situated in the correct place and easily accessible?
- Are they maintained/serviced regularly?
- Do people know how to use the controls properly e.g. through training?
- Are any further controls required?

Personal Protective Equipment (PPE)

PPE must only be used if other controls cannot easily be implemented.

- Does the PPE fit the person?
- If the PPE is respiratory protective equipment e.g. breathing apparatus, a respirator or face fitted mask, has the user been face fit tested?
- Is the PPE suitable for the type(s) of hazardous substance?
- Is the PPE limited to the amount of time it can be used? e.g. chemical breakthrough
- Can the PPE be worn with other types of PPE? e.g. wearing fitted face mask with safety eye protection
- Has the user been instructed or trained to use the PPE properly?
- Is the PPE stored appropriately?

Other Considerations

- Is any waste of the hazardous substance generated?
- Is the waste likely to affect anyone?
- If waste is mixed with other waste, this will need to be assessed
- Are there any particular storage arrangement required? e.g. cabinets for flammable substances or are substance required to be stored separately e.g. oxidising and flammable substances
- What quantity of hazardous substance is being used? e.g. to enable potential emergencies to be planned for
- Are there any specific fire or spillage requirements required? e.g. spill kits
- Are there any first aid requirements for the hazardous substance?
- Are there any possible emergencies that could arise and affect the process?

Appendix B

Recording Assessments

- Assessments are recorded electronically on the Alcumus-Sypol COSHH Management System (if applicable)
- A copy should be held by the department manager/section manager* (delete as applicable)
- A folder containing all COSHH assessments should be held in the section where the hazardous substance are stored/used/arise and should be accessible to all staff

Appendix C

COSHH Risk Assessment

Substance Information

Substance /material:	**Trade name:**
What is the substance used for?	
Do any of the chemicals have a workplace exposure limit? (Please state):	

Is the substance…..

Extremely flammable?	☐	Very toxic?	☐
Highly flammable?	☐	Corrosive?	☐
Flammable?	☐	Toxic to aquatic organisms?	☐
Vaporising (to cause drowsiness)?	☐	Sensing?	☐
Oxidising?	☐	Irritant?	☐
Harmful?	☐	Other (please specify below)?	☐
Toxic?	☐		

Is the substance hazardous to health when…..

In contact with skin?	☐	In contact with eyes?	☐
Swallowed?	☐	Other (please specify below)?	☐
Breathed in?	☐		

Use of Substance

What is the safe system of work for the substance (how should it be used)?
How much is used every week?

Appendix C

Who is exposed to the substance?
Does the substance present additional risks to certain groups of people (i.e. young people / expectant mothers)?

Control Measures

Can a less hazardous substance be used to do the same job? (If you do not know, contact supplier).	
☐	Yes (What?)
☐	No (What identifies this substance specifically to this use?)
What controls are required for this substance other than Personal Protective Equipment (PPE)? Consider elimination / substitution / engineering controls etc.	
Is any Personal Protective Equipment (PPE) required when using the substance?	

Image	Eye protection (state type)	☐	Image	Mask / respirator (state type)	☐
Image	Overalls / clothing (state type)	☐	Image	Other (state type)	☐

Appendix C

Image	Gloves (state type)	☐			☐

How should the substance be stored? (i.e. locked cupboard, away from other substances etc.)

Have people using this substance been provided with information / training on its use? (As a minimum ensure a copy of this assessment is in a known and prominent place for reference.)

☐	Yes
☐	No (if 'no', how are the persons using this substance made aware of the hazards and precautions of use?)

Other Precautions and Emergency Procedures

Spillage: How should an accidental release / spillage of this substance be dealt with?

First aid: What actions should be taken if the substance is…..

a. Swallowed?	b. In contact with eyes?
c. In contact with skin?	d. Inhaled?
e. Other? (Please specify?)	

Appendix C

Fire Precautions: What actions should be taken in the event of fires involving this substance?
Chemical reactions: Is there any substance that this substance must not come into contact with?
Disposal: How should the substance be disposed of (or not disposed of)?
Health surveillance: Do staff using the substance require any health surveillance?

Assessment of Risk

Are all the controls detailed above currently in place?	
☐	Yes
☐	No
If 'no', do not proceed with storage and use until the controls are in place.	
Are hazards adequately controlled with all measures in place?	
☐	Yes
☐	No (If 'no', revisit controls. Remember COSHH substances must not be used unless adequate controls are in place.)

Approval

Assessor name:	**Assessor signature:**	**Date:**

Appendix C

Approver name:	Approver signature:	Date:

A copy of the Safety Data Sheet (SDS) must be attached to this assessment

Appendix D

Alcumus-Sypol COSHH Management System

Assessment Request

Name of person requesting assessment	
Date	
Department	
Directorate	
Phone Number	
Email Address	

Details of Substance Requiring Assessment

Trade Name			
Supplier/Manufacturer			
Telephone number of Supplier/Manufacturer			
Keyword, what is the material used for? (i.e. antiseptic, conditioner, de-scaler detergent)			
Physical state? (i.e. solid, liquid, gas fume, semi-solid)			
In what way/s is the material used? (i.e. pouring, decanting, connecting, hand applying) *If material is used in more than one way please list.*			
What type of area is the material being used in? (i.e. outside, inside poorly/well ventilated, confined space, enclosed process)			
How long is the person directly exposed to the material over the working day? ***(Please highlight)***	*Less than 5mins per shift*	*Up to ½ hour per shift*	*½ - 2 hours per shift*
	2 – 4 hrs per shift	*4 -8 hours per shift*	*Over 8 hours per shift*

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Approximately how much of the material is used by one person in one working day?		
Frequency of use (daily, weekly, monthly, yearly)		
How many people are **directly** exposed to the material?		
Is this material being used outside of the normal temperature range?	Yes	No
Are there any susceptible workers?	Yes	No
Are any other people put at risk from **indirect** exposure?	Yes	No
Are organisational controls in place to minimise hazardous exposure?	Yes	No
Is supervision of workers considered necessary to minimise hazardous exposure?	Yes	No
Please give a description of how this material is being used and how staff are exposed		
Additional work practice information		
Please list existing control measures or any other interventions that have been introduced to reduce the risk of harm e.g. Fume Cabinet, Local Exhaust Ventilation, any PPE used etc or limiting times of day when used		

*** Please include the latest safety data sheet with request form ***

Appendix E

Control of Substances Hazardous to Health (COSHH) Inspection Checklist

YEAR 1

Location		**Alcumus-Sypol COSHH Assessor for location? (please circle)**	**Yes**	**No**
Manager Responsible		**Name of Assessor (if applicable)**		
Date of completion		**Checklist completed by?**		

Complete all the questions below		**Yes**	**No**	**N/A**	**Comments**
1.	Is there an up to date & accurate COSHH folder & where is it located?				
2.	Is there an accurate inventory of all chemicals on site in place and filed in the fire safety information folder?				
3.	Are safety data sheets and COSHH risk assessments in place for all chemicals in the area?				
4.	Are COSHH risk assessments and safety data sheets available at point of use?				
5.	Are chemicals clearly labelled to identify what they are, hazards and dates (if applicable)?				
6.	Are chemicals stored safely in the work area? e.g. no risk of being knocked over and away from the public etc.				
7.	Are chemicals stored as per the safety data sheet (SDS)?				
8.	Are chemical containers kept closed when not in use?				
9.	Are there spillage, accidental release, fire and emergency procedures in place?				
10	Is there a procedure for delivery/receipt of chemicals to the work area?				

Appendix E

Control of Substances Hazardous to Health (COSHH) Inspection Checklist

YEAR 2

Location		**Alcumus-Sypol COSHH Assessor for location? (please circle)**	**Yes**	**No**
Manager Responsible		**Name of Assessor (if applicable)**		
Date of completion		**Checklist completed by?**		

Complete all the questions below		**Yes**	**No**	**N/A**	**Please record any comments or further detail**
1.	Is there an up to date & accurate COSHH folder & where is it located?				
2.	Is there an accurate inventory of all chemicals on site in place and filed in the fire safety information folder?				
3.	Are safety data sheets and COSHH risk assessments in place for all chemicals in the area?				
4.	Are COSHH risk assessments and safety data sheets available at point of use?				
5.	Are chemicals clearly labelled to identify what they are, hazards and dates (if applicable)?				
6.	Are chemicals stored safely in work area? E.g. no risk of being knocked over and away from the public etc.				
7.	Are incompatible chemicals stored separately?				
8.	Are engineering controls in place to control any exposure e.g. local exhaust ventilation (LEV) extract, self-fed, contained systems?				
9.	Are records available of any engineering controls maintenance, inspection & servicing?				
10	Are areas clean, free from trip hazards & good housekeeping practice observed?				
11	Are general rules displayed e.g. PPE, no eating, drinking where appropriate?				

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12	Do staff know where COSHH assessments and safety data sheets are kept?				
13	Do staff understand the hazards associated with their work, including general COSHH awareness and good hygiene practice is observed?				
14	Are suitable gloves in a range of sizes freely available?				
15	Are suitable safety glasses/goggles freely available?				
16	Are masks or any fitted respiratory protective equipment (RPE) e.g. FFP3 masks freely available?				
17	If fitted RPE is required, have relevant staff been face fit-tested?				
18	Are there staff changing areas with access to showers?				
19	Are sinks clean/tidy & paper towels/soap provided?				
20	Is there a designated first-aider?				
21	Is there a first-aid box & eye wash available (contents in date)?				

Appendix E

Control of Substances Hazardous to Health (COSHH) Inspection Checklist

Year 3

Location		**Alcumus-Sypol COSHH Assessor?**	**Yes**	**No**
Manager Responsible		**Name of Assessor (If applicable)**		
Date		**Work Area on Alcumus-Sypol?**	**Yes**	**No**

	Assessment Records	**Yes**	**No**	**N/A**	**Comments**
1.	Is there an up to date & accurate COSHH folder?				
2.	Is there an accurate inventory of all chemicals on site in place and filed in the fire safety information folder?				
3.	Are there safety data sheets and COSHH risk assessments in place for all chemicals in area?				
4.	Are COSHH risk assessments and safety data sheets available at point of use?				
	Control of Exposure	**Yes**	**No**	**N/A**	**Comments**
5.	Are chemicals stored safely in work area e.g. no risk of being knocked over?				
6.	Are engineering controls in place to control any exposure e.g. local exhaust ventilation (LEV) extract, self-fed, contained systems?				
7.	Are records available of any engineering controls maintenance, inspection & servicing?				
8.	Are any engineering control vents clear of obstructions?				
9.	Are areas clean, free from trip hazards & good housekeeping practice observed?				
10.	Are containers kept closed when not in use?				
11.	Are there spillage, accidental release, fire and emergency procedures in place?				
	Storage	**Yes**	**No**	**N/A**	**Comments**

Appendix E

12.	Are chemicals clearly labelled to identify what they are, associated hazards and dates (if applicable)?				
13.	Are minimum quantities of chemicals stored in work area?				
14.	Are stored liquid chemicals in a suitable bund?				
15.	Are chemicals stored as per the safety data sheet (SDS)?				
16.	Is there a designated chemical storage area with appropriate signage?				
17.	Are incompatible chemicals stored separately?				
18.	Is there a procedure in place to control chemicals entering the working area?				
Waste		**Yes**	**No**	**N/A**	**Comments**
19.	Are waste chemicals labelled as waste and stored in a suitable location until final disposal?				
20.	Are waste chemicals disposed of promptly?				
21.	Is there a dedicated sink for acceptable liquid waste? Is the sink clearly marked?				
22.	Are records kept of the chemicals disposed of?				
23.	Are bins clearly marked with their waste stream? Including general waste?				
Chemical Use – Staff Knowledge		**Yes**	**No**	**N/A**	**Comments**
24.	Are general rules displayed e.g. PPE, no eating, drinking where appropriate?				
25.	Do staff know where COSHH assessments and safety data sheets are kept?				
26.	Do staff understand the hazards associated with their work, including general COSHH awareness and good hygiene practice is observed?				
27.	Can evidence of the training in the safe use of chemicals be provided e.g. safe system of work?				
28.	Do staff know what to do in the event of an emergency e.g. fire, first-aid, personal contamination?				
29.	Do staff know what to do in the event of a chemical spillage?				
PPE		**Yes**	**No**	**N/A**	**Comments**

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30.	Are suitable gloves in a range of sizes freely available?				
31.	Are suitable safety glasses/goggles freely available?				
32.	Are masks or fitted RPE freely available?				
33.	If fitted RPE is required, have relevant staff been face-fit tested?				
Spillages		**Yes**	**No**	**N/A**	**Comments**
34.	Are chemical spill kits available with instructions how to use them?				
35.	Is there a 'spill clear-up team'? If so are records of training available?				
36.	Is there a spillage & disposal procedure in place?				
Fire/Emergencies		**Yes**	**No**	**N/A**	**Comments**
37.	Are the chemical safety data sheets and chemical inventory stored in the fire safety folder?				
38.	Are appropriate fire extinguishers available and which have been inspected in the last year?				
39.	Are fire exits/escape routes clear?				
Welfare facilities		**Yes**	**No**	**N/A**	**Comments**
40.	Are hand wash sinks available with a ***hand wash only*** sign displayed?				
41.	Is there staff changing areas with access to showers?				
42.	Are sinks clean and tidy? & paper towels/soap provided?				
43.	Is there a designated first-aider?				
44.	Is there a first-aid box & eye wash available (contents in date)?				
45.	Is there an emergency shower? Is this clean with evidence of legionella tests undertaken?				
Monitoring/Health Surveillance		**Yes**	**No**	**N/A**	**Comments**
46.	Are staff aware of the health hazards associated with the chemicals being used?				
47.	Are there any chemicals used with HSE EH40/worker exposure limits?				
48.	Are there procedures in place for skin checks/health surveillance?				
49.	Is there any environmental or exposure monitoring carried out?				

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