

S A M P L

COSHH

Checklist

Assessment Carried out by:

Job Title:

Department/Location:

Document Downloaded:

Assessment:

Name:

Ref No.	Description	Yes/No	Comments	Score (and Level of Risk)	Action Required	RA Report No.
	Chemical Substance Safety Data Sheets (CSDS) Completed/Updated	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	Chemical Substance Inventory and Safety Assessment (CSI) Completed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	COSHH Training Completed for all Staff and Recorded	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	COSHH Test Passed by all Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	Pocket Cards Issued to all Employees	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	Poster and Checkpoint Notices Displayed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

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Ref No.	Description	Yes/No	Comments	Control Measures and Level of Risk)	Action Required	RA Report No.
	All the required PPE Available	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	PPE Condition OK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	PPE Storage OK	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	All Employees Using Correct PPE	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	Chemical Store Suitable	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
	All Containers Labeled	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				

Assessor Name:		Preparer Name:	
Signature:			
Date:			