









S A M P

Site Address	
COSHH Reference	RA Ref No:

Assessor	Job	Assessment Date	Review Dates / Initials
<<Name>>	<<e>>	<<Date>>	<<Dates>> <<Initials>>

Material/Substance	
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Corrosive	Environmental	Explosive	Toxic	Irritant	Long term health	Pressurised Gas	Oxidising

Please give more detail about the hazards

1.	
2.	
3.	

What is it used for	
Can an alternative be used instead	

Probability (P)	5=very likely, 4=likely, 3=quite possible, 2=possible, 1=unlikely
Severity (S)	5=fatal, 4=severe, 3=moderate, 2=slight, 1=negligible
Risk (R)	0-8=low risk, no action required. 9-15=medium risk, ensure action taken. 16-25=high risk, stop operation & implement control measures

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How is it applied? Is it blanket cover or topical?	Brush/Roller/Spray /Other
How long is the normal period of exposure	
Is there a WEL?	Yes/No Give details
Is Health surveillance needed	Yes/No Give details

Are there any special first aid requirements	Yes/No Give details
Are there any special fire fighting requirements	Yes/No Give details of ext
Are there any special accidental spillage measures needed	Yes/No Give details of abs

ste disposal methods

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What PPE is required	Give details
Is special ventilation needed	Yes/No Give details
Any other information needed to complete the Risk Assessment	Yes/No Give details

Overall Severity	

Overall Risk

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