

**COSHH Task Assessment**

Task:	Location:	Date:	Assessment by:	Ref number
Description of task:		Factors generating / increasing exposure (duration / energy / pattern / etc.)		
Substances used or generated	H-Statements or how generated	Health Hazards	Possible routes of exposure Inhalation Skin Ingestion Inoculation	Fire estimate of exposure: High / Unsure / Low High / Unsure / Low High / Unsure / Low High / Unsure / Low
Control measures in place	Segregation Yes / No Description  Effective / Partially / No Comment	Ventilation Yes / No Description  Effective / Partially / No Comment	PPE Yes / No Description  Effective / Partially / No Comment	Management/Other Yes / No Description  Effective / Partially / No Comment
Other measures in place	Maintenance Yes / No Effective / Partially / No	Monitoring Exposure Yes / No Effective / Partially / No	Health Surveillance Yes / No Effective / Partially / No	Training Yes / No Effective / Partially / No

## **COSHH Task Assessment**

## **COSHH Action Plan**

Is exposure excessive?			
<b>Not sure</b> – cannot yet make a judgement about exposure	Further information needed Yes / No  Details:  Person responsible:  Start date: End date:	Further investigation needed Yes / No  Details:  Person responsible:  Start date: End date	Exposure measurement needed Yes / No  Details:  Person responsible:  Start date: End date
<b>No</b> – level of exposure is not a problem	Maintenance – satisfactory / Not needed / Not done but needed  Monitoring – satisfactory / Not needed / Not done but needed  Health Surveillance – satisfactory / Not needed / Not done but needed  Training – satisfactory / Not needed / Not done but needed	Actions required	Person(s) responsible for action:  Start date:  End date:  Actions completed:  Signed:  Date:
<b>Yes</b> – Exposure is excessive and needs action  Summary of problem:	Suggested actions:        Finance or other approval needed?	Other actions needed:  Maintenance  Monitoring  Health Surveillance  Training	Person(s) responsible for action:  Start date:  End date:  Actions completed:  Signed:  Date: