


COSHH Task Assessment

Task: CHANGING SEALED AIR DRUM (INSTAPAK REGULAR A-RED)	Location: Pump Room	Date: 4/11/19.	Assessment by: IAN WARNE CLARE CRUCH STEVE HAULER	Ref number COSHH106
Description of task: CHANGING BARREL		Factors generating / increasing exposure (duration / energy / pattern / etc.) SPILL		
Substances used or generated DIPHENYLMETHANE DIISOCYANATE	H-Statements or how generated H315 H317 H319 H332 H334 H335 H351 H373	Health Hazards CAN AGGRAVATE ASTHMA AND CAUSE BREATHING DIFFICULTIES ALSO CAN CAUSE SKIN AND EYE IRRITATION	Possible routes of exposure Inhalation ✓ Skin ✓ Ingestion X Inoculation X	Fire estimate of exposure: High / Unsure / <u>Low</u> High / Unsure / <u>Low</u> High / Unsure / Low High / Unsure / Low
Control measures in place ISOLATION PPE TRAINING	Segregation <u>Yes</u> / No Description SEPARATE ROOM <u>Effective</u> / Partially / No Comment 'DO NOT ENTER' SIGN TO BE USED IN FUTURE	Ventilation <u>Yes</u> / No Description VENTILATED ROOM PLUS WINDOWS CAN BE OPENED. <u>Effective</u> / Partially / No Comment DISCUSSED LCV BUT ALL AGREED NOT NEEDED.	PPE <u>Yes</u> / No Description GOGGLES AND GLOVES AS PER SEALED AIR GUIDE <u>Effective</u> / Partially / No Comment DISCUSSED FULL MASK BUT STEVE HAPPY WITH GOGGLES. NEED TO PURCHASE CORRECT GLOVES AS PER GUIDE	Management/Other <u>Yes</u> / No Description TRAINING RISK ASSESSMENT SAFETY OPERATING INSTRUCTIONS <u>Effective</u> / Partially / No Comment
Other measures in place	Maintenance <u>Yes</u> / No Effective / Partially / No	Monitoring Exposure <u>Yes</u> / No Effective / Partially / No	Health Surveillance <u>Yes</u> / No Effective / Partially / No	Training <u>Yes</u> / No Effective / Partially / No AS PER SEALED A.I.C GUIDE

COSHH Action Plan

Is exposure excessive?			
Not sure – 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:
No – level of exposure is not a problem 	Maintenance – <u>satisfactory</u> / Not needed / Not done but needed Monitoring – <u>satisfactory</u> / Not needed / Not done but needed Health Surveillance – <u>satisfactory</u> / Not needed / Not done but needed Training – <u>satisfactory</u> / Not needed / Not done but needed	Actions required 1. DO NOT ENTER SIGN TO BE USED IN FUTURE ENSURE CORRECT GLOVES USED SAFETY OPERATING INSTRUCTIONS TO BE UPDATED TO INCLUDE 1. SIGN (AS ABOVE) 2. WEAR PPE 3. CHECK PRICE TO TRAINING IF USER SUFFERS FROM ASTHMA – MUST NOT USE FOAM IF SO	Person(s) responsible for action: STEVE HAYLER Start date: 6/11/19 End date: 13/11/19 Actions completed: Signed: Date:
Yes – 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: