


# COSHH Task Assessment

Task:	Location:	Date:	Assessment by:	Ref number
WELDING	WELDING BAY + ENG. DEPARTMENT	3/5/24	IAN WATKINS CLARE ROUCH MARK POTTER.	HSEF06.
Description of task:  TIG WELDING				
Substances used or generated  316 STAINLESS STEEL ARGON / HYDROGEN GAS UN 1956 ISO 14175-21 - Art. -1.5.	H-Statements or how generated  H280 H220	Factors generating / increasing exposure (duration / energy / pattern / etc.)  LOW ENERGY, LOW EXPOSURE TIME DEPENDS ON PRODUCT - NO PATTERN - GAPS BETWEEN WELDING. 40-140 AMPS.  Health Hazards  BREATHING DIFFICULTIES EYE IRRITATION SKIN IRRITATION	Possible routes of exposure  Inhalation ✓  Skin ✓  Ingestion x  Inoculation x	Fire estimate of exposure:  High / Unsure / (Low)  High / Unsure / (Low)  High / Unsure / Low  High / Unsure / Low
Control measures in place  ISOLATION PPE TRAINING	Segregation (Yes / No)  Description SEPARATE ROOM - WELDING BAY OR SEGREGATED ON FLOOR.  (Effective / Partially / No)	Ventilation (Yes / No)  Description LEV IN WELDING BAY. DOORS TO OPEN ON FLOOR DOES TO OPEN ON FLOOR  (Effective / Partially / No)	PPE (Yes / No)  Description MASK, GLOVES, WELDING JACKET, FIRE PROOF STITCH GSM.  (Effective / Partially / No)	Management/Other (Yes / No)  Description RISK ASSESSMENT TRAINING 1-1 FEEDBACK.  (Effective / Partially / No)
Other measures in place	Maintenance (Yes / No)  (Effective / Partially / No)  ALSO PAT TEST WELDED	Monitoring Exposure (Yes / No)  (Effective / Partially / No)  LOOK AT EXPOSURE MONITORS.	Health Surveillance (Yes / No)  (Effective / Partially / No)	Training (Yes / No)  (Effective / Partially / No)

## COSHH Action Plan

Is exposure excessive?	Further information needed Yes / No	Further investigation needed Yes / No	Exposure measurement needed Yes / No
<b>Not sure</b> – cannot yet make a judgement about exposure	Details:  Person responsible:  Start date:  End date:	Details:  Person responsible:  Start date:  End date:	Details:  Person responsible:  Start date:  End date:
<b>No</b> – level of exposure is not a problem  	Maintenance – <u>satisfactory</u> / Not needed / Not done but needed Monitoring – <u>satisfactory</u> / Not needed / <u>Not done but needed</u> Health Surveillance – <u>satisfactory</u> / Not needed / Not done but needed Training – <u>satisfactory</u> / Not needed / Not done but needed	Actions required PAT TEST WELDER. INVESTIGATE EXPOSURE MONITOR. INVESTIGATING MASKS. INVESTIGATE PORTABLE LEV FOR FLOOR WELDING.	Person(s) responsible for action: 19N WAZNE/CARLE CROUCH Start date: 3/5/24 End date: 3/6/24 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: