

COSHH Risk Assessment Form

Assessment number	
Location of work	
Process/Activity under assessment	

Description of process/activity and operating conditions

People at risk

Office staff		Maintenance staff		Cleaning staff		Contractors	
Emergency services personnel		Water Treatment staff		Visitors		Others	

Hazard identification

Identify the hazards, health effects and routes of entry

Substance/mixture	Workplace Exposure Limit (WEL)	Health effects	Routes of Exposure

Source of exposure

Times/places/activity, specify agent and route of entry

Activity	Agent	Route of entry	Exposure time

Evidence of contamination

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Assessment of Risk

Please complete the risk rating using the scoring key below: -

(A) SEVERITY

10	Fatal
5	Major injury/Serious damage
2	Minor injury/Minor damage
1	Negligible/Near miss

(B) LIKELIHOOD OF OCCURRENCE

20	Certain (Most likely to happen)
10	Likely (Not surprised if it happens)
5	Possible (Could happen sometime)
1	Remote (only a small chance it will happen)
0.5	Improbable (probability close to zero)

(C) PEOPLE AFFECTED

1	1-5 people affected
2	6-50 people affected
3	>50 people affected
3	Vulnerable people or the public affected

RISK LEVEL

<10	Acceptable (A)
10-19	Low (L)
20-49	Medium (M)
>50	High (H)

Risk Rating					
Hazard	Severity A	Likelihood B	People affected C	Risk rating A x B x C	Risk Level H/M/L/A
Filling containers from IBCs					

Engineering etc controls

Guarding		LEV/Vapour Recovery Systems		Interlocks		Enclosure	
Standard Operating Procedure (SOP)							
Permits to work							
Other relevant information (monitoring/testing etc)							

Personal Protective Equipment (PPE)

Eyes-face		Hand-arm		Feet-legs		Respiratory	
Body		Hearing		Other (specify)			
Specify when item(s) of PPE must be worn							

Further Control Measures (e.g. supervision, training requirements, special emergency procedures, health surveillance etc.)

Further Control Measures Required	Complete by (date)

Additional information (e.g. guidance documents, Approved Codes of Practice etc)

<http://www.hse.gov.uk/coshh>

Assessment made by:

Signature		Role	
Name		Date	

Review of Risk Assessment:

Date for Review	Carried out by	Role	Signature