Department of Electronic and Electrical Engineering

COSHH POLICY

Issue 5.1
June 25th, 2019

DOCUMENT HISTORY AND REVISIONS

Issue	Date	Notes
1	16/10/2017	Draft version circulated to all staff for comment
2	23/10/2017	Revised version including staff feedback
3	16/11/2017	Minor alterations in response to staff input (generally typographical errors). No substantive changes and hence unpublished
4	19/10/2018	Significant revisions in connection with staff changes and review process
5	5/4/19	Addition of Nanoscience Facilities Manager details.
5.1	25/6/19	Change of frequency to COSHH checks from monthly to annual

Next Review due: No later than 30/9/2019 – responsibility for this assigned to Head of Department

CONTENTS

1. PURPOSE AND AIM

The purpose of this policy is to clearly define how the Department of Electronic and Electrical will manage the safe use of chemical substances and in turn meet the requirements of CoSHH regulations in the delivery of its day-to-day activity.

This definition includes details of the assignment of responsibility, with regard to CoSHH, in more specific detail than that found in the overall Departmental Health and Safety Policy.

This Policy document also details rules governing all activity and action involving Hazardous Substances (HS) within EEE, including, but not limited to:

- **WHO** can order, receive, transport, store or have control over such substances (control includes the authorisation of purchase of, and supervision of use of HS).
- **HOW** HS are identified, risk assessed, ordered, transported, stored, used and controlled in EEE. Control includes a description of the management systems in place to ensure that COSHH is recorded adequately.
- **WHERE** HS are stored and used.
- **WHAT** training is required for the use of, or supervision of users of, HS in EEE.

The full scope of this policy comes into effect on April 5th 2019 and supersedes previous EEE policy on COSHH.

2. INTRODUCTION

COSHH stands for 'Control of Substances Hazardous to Health' and under the Control of Substances Hazardous to Health Regulations 2002, employers need to either prevent or reduce their workers' exposure to substances that are hazardous to their health to the minimum practicable. It covers all hazardous substances (HS) with the exception of Asbestos, Lead and radioactive substances which are covered by separate regulations and legislation. Hazardous Substances encompassed by COSHH include:

- **chemicals**
- **products containing chemicals**, including, but not limited to, adhesives, sealants, paints, varnishes, cleaning products
- **fumes**
- **dusts**
- **vapours**
- **mists**
- **nanotechnology**
- **gases** and **asphyxiating gases** and
- **biological agents** (bacteria, viruses, prions or tissue containing them). If the packaging has any of the hazard symbols then it is classed as a hazardous

substance.
- **microorganisms that cause diseases** (e.g.: leptospirosis or legionnaires disease **and** microorganisms used in laboratories).

In order to minimize exposure to HS, the University as the 'employer' is required to demonstrate 'awareness' of what HS are in use within the department, what they are being used for, and how they are being used. This is why the department requires a document that allows every activity that involves the use of HS to be assessed, and the correct control measures to be put in place and monitored so as to meet the requirement to reduce exposure.

The University of Sheffield Health and Safety Policy, and the EEE Health and Safety Policy, both clearly state the importance of all members conforming to the COSHH regulations. EEE have created this additional COSHH policy to ensure that all members of the department and other users of its facilities are aware to whom this applies and how they can ensure that their actions meet the scope of the local and national regulations. It also serves to define roles and responsibilities in ensuring compliance with COSHH requirements.

Responsibility for assessing and monitoring every COSHH Risk Assessment is devolved to various staff across the Department. The responsibility is allocated in this manner with the aim of reducing the load on any single person, ensuring adequate coverage at all reasonable times and ensuring local and well-informed engagement.

The Health and Safety Executive are the body charged with enforcing compliance with COSHH and they have wide-ranging powers to take action against any 'employer' who fails to meet the required standards under COSHH regulations.

3. SCOPE

This policy is to be followed by all members of EEE (staff, students and visitors) who are likely to work with, in the vicinity of, or otherwise come into contact with HS whilst working in the Department. It also applies to users of EEE facilities from other academic Departments in the University.

ALL staff, students or visitors who intend to order, receive, handle, store, transport, use, manage or supervise any work involving the use of HS, must have read and understood this policy, and signed the control log to confirm that they will abide by its contents, prior to initiating any work with HS.

4. DEFINITIONS

- **HS**- Hazardous substances (as outlined in section 2)
- **HS User**- The primary/end user of the HS.

- **Supervisor**- Anyone with immediate supervisory responsibility for anyone listed in section 3. This is not limited to academic supervision.
- **RA**- Risk Assessment
- **COSHH RA**- COSHH Risk Assessment
- **SDS** –Safety Data Sheet (previously known as an MSDS – Material Safety Data Sheet)
- **SOP** – Standard operating procedure. A documented procedure for undertaking the activities for involving the HS.
- **Local area** – A single laboratory or a co-located set of laboratories within EEE. For this policy, the local areas are, as of October 2018: EMD labs, Nanoscience Centre, Portobello Centre Communications Laboratories, Portobello Centre SMD Laboratories. The EMD Labs includes the Willenhall Energy Storage Facility.
- **DSO** – Departmental Safety Officer (Dianne Webster)
- **DTM** – Departmental Technical Manager (Lee Shunburne)

5. ROLES AND RESPONSIBILITIES

This section defines the roles and responsibilities of individuals and/or categories of individuals within the department or a defined 'local area' of the Department in terms of HS and COSHH management. Table 1 shows the roles someone may have in the lifetime of a HS entering the Department, being used and ultimately disposed of. Roles are not exclusive. A single individual may hold more than one role in the process.

Table 1 Roles and Responsibilities in connection with COSHH policies

Role	Example(s)	Responsibility for:
HS User	Research Assistant, PGR student, technician	1) Preparation of the protocol, Risk Assessment (and COSHH Risk Assessment, including provision of relevant SDS. 2) Safe use of the HS in the lab as outlined in the above documentation. 3) Ensure they understand in which local area they are undertaking activities.
Supervisor (with line management or academic supervisory duties for the HS User)	Academic, Technical team leader	1) Review COSHH RA documents to ensure that they are fit for purpose, the chemical is suitable and that information within the COSHH RA is complete and appropriate. Discussion may be required with the HS User and others in order to review the document. 2) Sign-off of COSHH RAs- approving them for use.

		3) Ensuring HS Users under supervision cite the correct, valid COSHH RA number when ordering. 4) Ensure that HS users under their supervision have adequate training to undertake the tasks detailed in the COSHH RA. The discharge of this responsibility may include highlighting training needs to the Head of Department.
HS Orderer	Stores Technician	Checking that valid Protocol, RA and COSHH RA numbers are on the purchase requisition and includes the COSHH RA in the order reference. (This individual is not expected to know whether the COSHH RA is appropriate- they are just checking it is in place)
HS register checkers	See Appendix B for designated individuals	Responsibilities defined in Appendix B
Head of Department (HoD)		Ultimately responsible for all activity under COSHH within EEE

All staff must also obey additional local area rules (over and above the requirements set out in section 8) concerning the display of documentation in the work area.

6. TRAINING REQUIREMENTS

All staff and PGR student users of HS and supervisors of individuals ordering, transporting or using HS must undertake the following training:

- COSHH Assessment course – This can be either the course of this title run by central University Health and Safety or a variant of this course developed for EEE and delivered by an external provider Train to Safety. This half day course is run for groups of 12 participants.

Exemption from this course is on the grounds that individuals neither order nor use HS or supervise staff or students who neither order nor use HS. Individuals may request such exemption writing to the Head of Department. This should be done by e-mail with a copy to the DSO laying out their rationale for seeking exemptions. The HoD, taking advice from the DSO as required, will consider the case for exemption and approve or otherwise.

An introduction to COSHH for undergraduate and postgraduate taught students is included in the H&S project briefing that they are required to attend.

7. RECORDING OF ALL COSHH SUBSTANCES IN THE DEPARTMENT

It is a requirement of the Departmental Health and Safety Policy that an up to date record of all HS, is held at Departmental level. This record of HS, the format of which is shown in Appendix A, is maintained as a live Google sheet on a shared Google Drive area. The staff members detailed in Appendix B will maintain this register in line with the responsibilities set out in Appendix B.

8. COMPLETION OF COSHH RISK ASSESSMENT

It is the HS User's responsibility to ensure that they have completed and received approval for a COSHH RA before they try to place an order for HS and its subsequent use. They must also ensure that they have in place authorised copies of the COSHH RA in the Health and Safety Folder of the lab they will be conducting the work in (if the work is performed in more than one lab, a copy should be placed in each laboratory folder).

In completing a COSHH Risk Assessment, all staff and students should note the following:

- All COSHH RA must be entered using the template shown in Appendix D. This is the University recommended template with the addition of Departmental level logging by the DSO/DTM. No other format for COSHH RAs will be accepted for new assessments from 23/10/17.
- An electronic copy of this form is available on the Health and Safety pages of the Departmental website at:

https://www.sheffield.ac.uk/eee/safety

- This form should be sent to the HS User's supervisor for review.
- Reviewed forms with supervisor sign-off should be sent to eee-coshh@sheffield.ac.uk for final logging by either the DSO or DTM
- All sections of the COSHH RA form must be completed.
- COSHH forms must make reference to relevant SDS and current SOP documents including their full title and approval date. HS users must check the laboratory safety document folder to ensure that they make reference to, and are familiar with, the most up to date SOP if they are not developing a new SOP for their HS use.
- To be valid, the COSHH RA must have been reviewed and signed off by the HS User's Supervisor (the reviewer) before final logging by the Department (DSO or DTM). The final DSO/DTM logging has been added to the University template to ensure a degree of consistency in the information an approach to COSHH RA completion across the Department. This central logging also provides a robust means of allocating reference numbers and a robust means of collating of COSHH RAs, and action points within, for the entire Department.
- In the very occasional event that the COSHH Supervisor is also the COSHH User, then they can sign off as both the assessor and reviewer prior to further review and logging by the DSO or DTM.

- No new COSHH RAs prepared using the 'Faculty of Engineering COSHH Programme' on-line tool will be acceptable from 23/10/17 onwards.
- The Supervisor should reject and return to the HS User any COSHH RA for which they have any concerns, whether this is the content or omissions.
- The Head of Department expects HS supervisors to provide the specific domain expertise to decide the following:
    - Whether the use of the HS is warranted.
    - That there is not a less hazardous alternative that can be used.
    - That the individual that they supervise is competent to perform the activities cited in the COSHH RA (they may need to seek information from the DSO or local area manager regarding training records).
    - That the risks identified are exhaustive and the control measure are well-founded and appropriate.

  The supervisor should not approve the COSHH RA unless they are completely satisfied in all these regards. It is not acceptable for the supervisor to abdicate these responsibilities to the DSO/DTM logging stage. They should seek appropriate advice from the DSO/DTM, external competent individuals or substance vendor to clarify any uncertainties.
- No COSHH form is deemed valid until it is approved by both the supervisor and logged by the DSO or DTM (or alternative interim designated staff during absences).
- Unapproved COSHH RA will not be regarded as being 'in place'.
- During the final stage of logging, the DSO or DTM may stipulate specific transportation restrictions on the HS unless this has already been identified by the HS User or supervisor.
- When approved, and before the HS is brought into the local area, the HS user has the responsibility for ensuring a hardcopy of the COSHH RA and the accompanying SDS are made available in hard copy in the vicinity of HS usage. Compliance will be checked on an annual basis by the staff listed for each local area in Appendix B.
    - Available means as a minimum in the Laboratory safety document folder. If appropriate, it may also be displayed on a prominent noticeboard or wall/desk mounted document holder.
    - In the vicinity means with 5m of point of usage and storage – recognised that multiple copies of the same COSHH may be required to meet this criterion.

9. PROCEDURE FOR ORDERING HAZARDOUS SUBSTANCES

For the purposes of ordering HS, there are two separate procedures in place in the Department. One is specifically for activities in the Nanoscience Technology Centre while the other covers the remainder of the Department activities. This division is deemed appropriate and proportionate by the Head of Department for the following reasons:

- The current inventory of HS use across the Department indicates that the nature and extent of HS use in Nanoscience are sufficiently distinctive to warrant more restrictive procedures. The blanket imposition of these restrictions across all other activities in EEE would be disproportionate. It should be noted that the procedure for ordering HS activities outside the Nanoscience Technology Centre is nevertheless robust in terms of managing the procurement of higher risk HS which may require additional restrictions on procurement.
- The chemical store on North Campus is integral to the receipt and subsequent distribution of HS for activities in the Nanoscience Technology Centre. In order to manage stock levels such that the prescribed capacity of the storage and format of delivery (e.g. size, containers) are closely controlled, the requisitioning of HS needs to be restricted to a prescribed group of individuals.

9.1 Nanoscience and Technology Centre

The procurement of chemical substances (which encompasses all HS) for use in Nanoscience and Technology Centre is only to be undertaken by the following individual members of the technical staff: Paul Haines and Jon Milner, with Stephen Atkin as backup in case of the previous two named being unavailable.

- HS Users or their supervisors must detail the HS required to Paul Haines and Jon Milner (or Stephen Atkin).
- The HS User is responsible for providing a completed and signed-off COSHH RA for the material to be ordered along with any SDS or SOP as requested by Paul Haines or Jon Milner (or Stephen Atkin).
- Under no circumstances will a purchase order for chemical substances be raised without a signed-off COSHH RA in place.
- HS shall not be ordered via any other mechanism, e.g. using a corporate card or with personal funds.
- HS not procured through the Department shall not be brought into the Department, e.g. free issue samples from manufacturer, without an approved COSHH RA in place. The DSO shall be informed of any HS entering the Department by this route in advance.
- The Head of Department may designate further staff or individuals to undertake the procurement of chemical substances for activities in Nanoscience in order to provide cover and/or additional capacity. The Head of Department has responsibility for ensuring that any changes are communicated to EEE staff and PGR students and for ensuring that these are reflected in the COSHH policy.

9.2 EEE Department activities other than Nanoscience and Technology Centre

The process for ordering of HS in activities outside the Nanoscience Centre is shown in Figure 1. This shows both the actions required and the arising documentation.

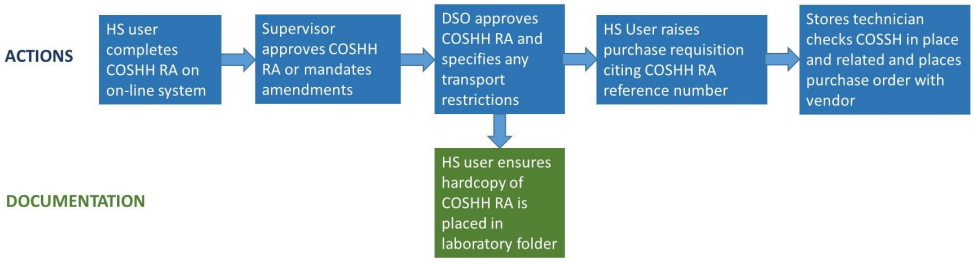


Figure 1 Process for ordering HS

Notes:

- The HS requester must either complete a new COSHH RA or familiarise themselves with an existing COSHH RA that is applicable in all respects to the HS and its planned usage.
- If the HS user intends to use an existing COSHH RA for the HS, they must be on the list of approved users for that HS.
- The citing of an existing COSHH RA on a purchase requisition is an explicit indication by the HS requester that they are familiar with, and understand, the COSHH RA. The HS User must sign in the appropriate log sheet at the back of the Safety document folder in the laboratory in which they intend to use the HS to confirm that they have read, understood and will abide by the requirements set out in the COSHH RA and their own General Risk Assessment.
- HS shall not be ordered via any other mechanism, e.g. using a corporate card or with personal funds.
- HS not procured through the Department shall not be brought into the Department, e.g. free issue samples from manufacturer, without an approved COSHH RA in place. The DSO shall be informed of any HS entering the Department by this route in advance.
- No HS order will be placed until a valid COSHH RA has been produced.
- Intentional use of an inappropriate COSHH RA number (i.e. a number not relating to the chemical being ordered and not cross referenced on the Protocol) will be reported to the HoD and may result in disciplinary action being taken.

10.TAKING DELIVERY OF HAZARDOUS SUBSTANCES

As was the case for the ordering of HS, there are two separate policies for taking delivery, one for the Nanoscience and Technology Centre and another for the remainder of the Department. This division is made on the basis of the same rationale set out in Section 9 of this COSHH policy.

10.1 Nanoscience Technology Centre

The course of actions and lodged documentation requirements for taking delivery of HS for the Nanoscience and Technology Centre is shown in Figure 2.

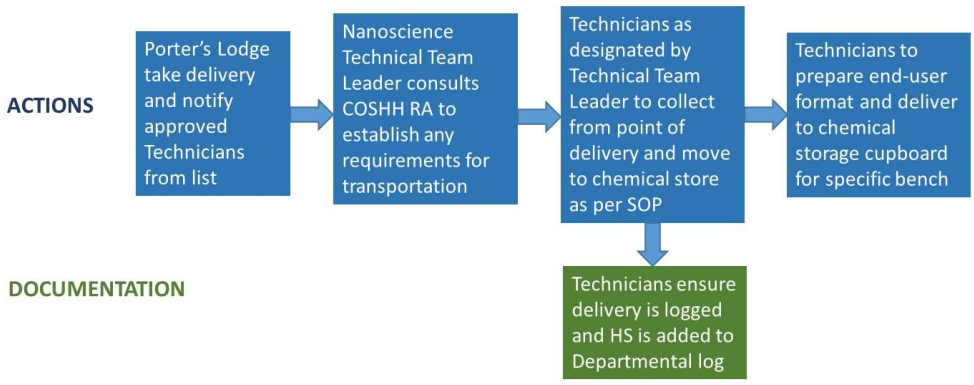


Figure 2 Process for taking delivery of HS

- The Nanoscience and Technology Centre Technical Team Leader (Paul Haines) is responsible for ensuring delivery of HS to the chemical store and onwards to the location of use is undertaken in line with the stipulations set out in the pertinent COSHH RA.
- No HS can be transported from the point of delivery to the chemical store without an approved COSHH RA for its transportation in place.
- Under no circumstances shall HS Users or supervisors collect HS which is intended for use in the Nanoscience and Technology Centre from the Porter's Lodge or Stores. This will be deemed a serious breach of Departmental Health and Safety procedures.
- Under no circumstances shall HS Users or supervisors transport HS from the designated location of use cited in the COSHH RA to another location. This will be deemed a serious breach of Departmental Health and Safety procedures. If a HS needs to be moved then the Local Area manager (listed in Appendix C) should be consulted to make the necessary arrangements for transport by approved technical support staff.

10.2 EEE Department activities other than Nanoscience and Technology Centre

- HS designated on their COSHH RA as not requiring restrictions on special procedures for taking delivery and subsequent transportation can be collected from Stores or the point of delivery by the HS User in their original as-delivered packaging. The HS should not be unpacked until it has reached the designated location of use listed on the COSHH RA.
- The HS User for any HS with restrictions on delivery or transportation should contact the DSO and Local Area Managers (listed in Appendix C) so that the stipulated measures can be taken to take delivery.
- Lindsay Nash in stores will inform the DSO of all HS deliveries so that receipt into the Department can be logged.
- For HS with transportation restrictions, then under no circumstances shall HS Users or supervisors transport the HS from the point of delivery to the

designated location of use. This will be deemed a serious breach of Departmental Health and Safety procedures.

- For HS with transportation restrictions, then under no circumstances shall HS Users or supervisors transport the HS from the designated location of use cited in the COSHH RA to another location. This will be deemed a serious breach of Departmental Health and Safety procedures.

11.COMPLIANCE MONITORING

Compliance with this COSHH policy will be monitored by means of the following:

- Scheduled safety inspections as set out in the Departmental annual cycle of internal safety inspections
- Annual checks of HS log for the local areas as detailed in section 7, Appendix A and Appendix B of this policy (this includes ensuring that COSHH RAs, SDS and SOP are available)
- Unscheduled and unannounced spot inspections as deemed necessary by the DSO and/or Head of Department
- Standing item report of any compliance concerns at the Departmental Health and Safety Committee

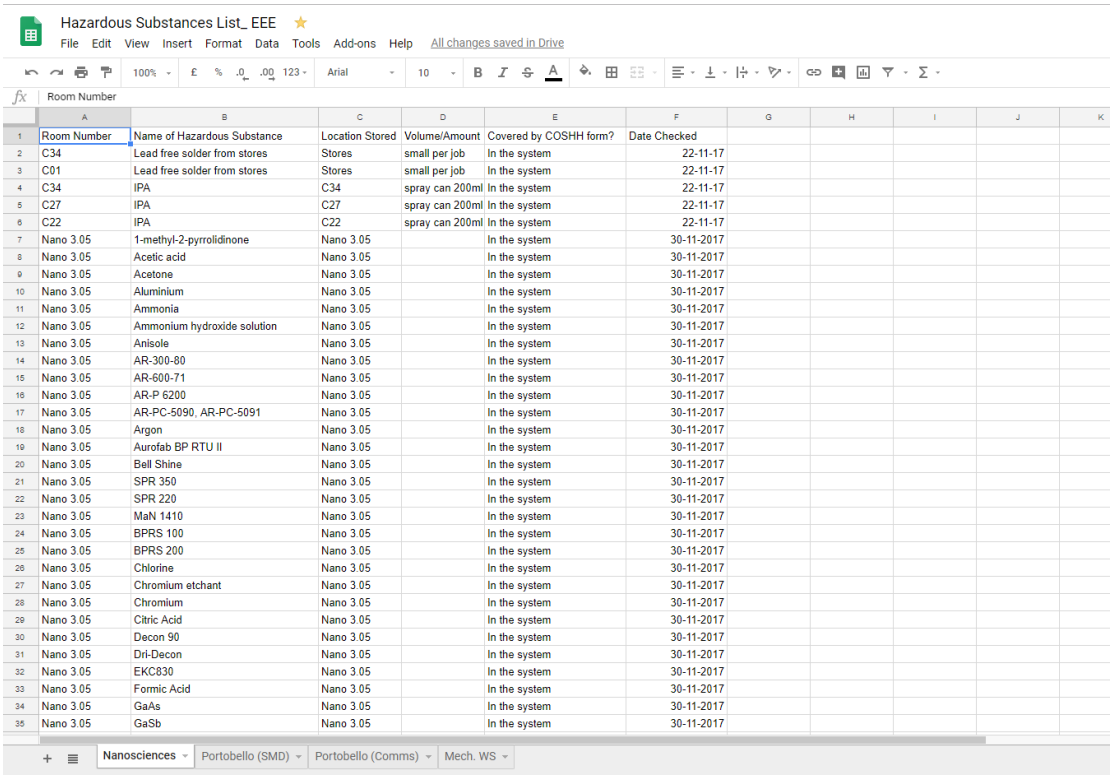
12.COSHH ASSESSMENT REVIEW

Regular review of COSHH assessments is required in order to ensure that they remain up-to-date and relevant to the work in progress. In order to manage this process, the following steps are necessary:

- For all assessments completed on versions of the COSHH RA form prior to version 1.3, the supervisor shall ensure that they review the assessment on or before the stated review date, and sign/date the form by hand in a suitable space on the form. A scan of the reviewed and signed form should then be sent to eee-coshhh@sheffield.ac.uk for logging by the DTM/DSO.
- For assessments on COSHH RA form v1.3 or later, there is designated space to allow the supervisor to sign and date a review. This reviewed form should be scanned and emailed to eee-coshh@sheffield.ac.uk for logging.
- The DTM/DSO will endeavour to inform supervisors when their COSHH assessments are due for review but it is impingent on the supervisor to ensure that this is done. Any assessments that go past their review date without supervisor review shall be deemed no longer in place.
- Minor amendments (such as a change in supplier) to COSHH RAs can also be detailed by hand on the hard copy of the form so long as they are signed and dated by the supervisor.
- Major amendments (such as the addition of another HS or change in methodology) to a COSHH RA should result in a resubmission of the RA and on the latest format of the form (shown in appendix D).

14.APPENDICES

Appendix A – Format of Departmental Google sheet for recording HS substances in EEE



Hazardous Substances List_ EEE

File Edit View Insert Format Data Tools Add-ons Help All changes saved in Drive

Room Number

	A	B	C	D	E	F
1	Room Number	Name of Hazardous Substance	Location Stored	Volume/Amount	Covered by COSHH form?	Date Checked
2	C34	Lead free solder from stores	Stores	small per job	In the system	22-11-17
3	C01	Lead free solder from stores	Stores	small per job	In the system	22-11-17
4	C34	IPA	C34	spray can 200ml	In the system	22-11-17
5	C27	IPA	C27	spray can 200ml	In the system	22-11-17
6	C22	IPA	C22	spray can 200ml	In the system	22-11-17
7	Nano 3.05	1-methyl-2-pyrrolidinone	Nano 3.05		In the system	30-11-2017
8	Nano 3.05	Acetic acid	Nano 3.05		In the system	30-11-2017
9	Nano 3.05	Acetone	Nano 3.05		In the system	30-11-2017
10	Nano 3.05	Aluminium	Nano 3.05		In the system	30-11-2017
11	Nano 3.05	Ammonia	Nano 3.05		In the system	30-11-2017
12	Nano 3.05	Ammonium hydroxide solution	Nano 3.05		In the system	30-11-2017
13	Nano 3.05	Anisole	Nano 3.05		In the system	30-11-2017
14	Nano 3.05	AR-300-80	Nano 3.05		In the system	30-11-2017
15	Nano 3.05	AR-600-71	Nano 3.05		In the system	30-11-2017
16	Nano 3.05	AR-P 6200	Nano 3.05		In the system	30-11-2017
17	Nano 3.05	AR-PC-5090, AR-PC-5091	Nano 3.05		In the system	30-11-2017
18	Nano 3.05	Argon	Nano 3.05		In the system	30-11-2017
19	Nano 3.05	Aurofab BP RTU II	Nano 3.05		In the system	30-11-2017
20	Nano 3.05	Bell Shine	Nano 3.05		In the system	30-11-2017
21	Nano 3.05	SPR 350	Nano 3.05		In the system	30-11-2017
22	Nano 3.05	SPR 220	Nano 3.05		In the system	30-11-2017
23	Nano 3.05	MaN 1410	Nano 3.05		In the system	30-11-2017
24	Nano 3.05	BPRS 100	Nano 3.05		In the system	30-11-2017
25	Nano 3.05	BPRS 200	Nano 3.05		In the system	30-11-2017
26	Nano 3.05	Chlorine	Nano 3.05		In the system	30-11-2017
27	Nano 3.05	Chromium etchant	Nano 3.05		In the system	30-11-2017
28	Nano 3.05	Chromium	Nano 3.05		In the system	30-11-2017
29	Nano 3.05	Citric Acid	Nano 3.05		In the system	30-11-2017
30	Nano 3.05	Decon 90	Nano 3.05		In the system	30-11-2017
31	Nano 3.05	Dri-Decon	Nano 3.05		In the system	30-11-2017
32	Nano 3.05	EKC830	Nano 3.05		In the system	30-11-2017
33	Nano 3.05	Formic Acid	Nano 3.05		In the system	30-11-2017
34	Nano 3.05	GaAs	Nano 3.05		In the system	30-11-2017
35	Nano 3.05	GaSb	Nano 3.05		In the system	30-11-2017

Nanosciences Portobello (SMD) Portobello (Comms) Mech. WS

Appendix B – Local Area HS register checkers

Area	Name	Tel	e-mail
Nanoscience + Kroto LG41/44	Jon Milner	25866	j.d.milner@sheffield.ac.uk
EMD Labs	Andy Race	25835	a.m.race@sheffield.ac.uk
Portobello	Steve Marsden	25861	s.marsden@sheffield.ac.uk
Mechanical Workshop	Karl Rotchell	25437	k.a.rotchell@sheffield.ac.uk

Responsibilities:

Undertake annual inspections of designated local areas in order to:

- Check that COSHH RA(s), SOP(s) and SDS are in place for each and every HS in accordance with availability requirements set out in section 8 of this policy.
- Record on Google sheet compliance or otherwise (in notes section) and inform DSO and DTM by e-mail of any non-compliance.
- Check whether any HSs are encountered that are not listed on local area sheet
    - Note details of HS and inform DSO and DTM by e-mail
- Provide DSO with details of any compliance issues in good time for consolidation into a report to the Departmental Health and Safety Committee.

Appendix C – Local area managers

Area	Name	Tel	e-mail
Nanoscience clean rooms	Tony Dexter	25885	tony.dexter@sheffield.ac.uk
Nanoscience remainder	Tony Dexter	25885	tony.dexter@sheffield.ac.uk
EMD Labs	Andy Race	25835	a.m.race@sheffield.ac.uk
Portobello	Steve Marsden	25861	s.marsden@sheffield.ac.uk

Responsibilities in connection with COSHH:

- Oversee the content of safety document folder in laboratories within their area.
- To identify any COSHH related issues that might impact on Emergency response planning to the DSO.
- Provide advice to HS users and their supervisors of best practice and any existing COSHH documentation that will assist them in their COSHH assessments.

Appendix D – Template for all EEE COSHH RA

Electronic version at: https://www.sheffield.ac.uk/eee/safety

Note: With effect from 31/10/2018 version 1.3 supersedes all previous versions. The changes from version 1.2 are:

Addition of request for full chemical name and CAS number
Addition of 'maximum quantity handled' request
Addition of 'frequency of use' request
Change to 'Hazard and Precautionary Statements' from 'Risk Phrases'

EEE TASK-BASED COSHH ASSESSMENT FORM

Reference no: (Assigned by DSO)

Effective Date:

Task under assessment:
Location:
Overall risk rating =
Summary:

Detailed description of task and work practice information:

Hazard information:	
Commercial name of substance(s):	
Supplier details:	
Hazardous substances in use/contained within products used. Full chemical names (acronyms may be indicated) required including CAS number: (include any available workplace exposure limits from EH40/2005)	

Associated Hazard and Precautionary statements per hazardous substance:			
Supplier material safety data sheet (MSDS) available?	☐ YES ☐ NO		
HAZARD RATING: (highlight as necessary)	Negligible (1)/ low (2) / medium(3) / high (4) / very high (5)		

Exposure information:	
Physical form of substance:	
Approximate amount of material used (per working day):	
Maximum quantity handled at ANY point in the procedure	

Reviewed October 2018
Date of Next Review October 2019

Version 1.3

Who might be exposed to the hazardous substance(s):	
Potential routes of exposure:	
Potential consequences of exposure:	

Frequency of use:

☐ Daily ☐ Weekly ☐ Other: please specify
☐ Monthly ☐ Infrequently

Approximate daily duration of exposure:

☐ Less than 30 mins ☐ 30 mins – 1 hr ☐ 1 – 2 hrs
☐ 2 – 4 hrs ☐ 4 – 8 hrs ☐ More than 8 hrs

Location of task:

☐ Outside ☐ Inside – poorly ventilated ☐ Other: please specify
☐ Confined space ☐ Inside – well ventilated

Any additional activities that could increase exposure potential (such as maintenance):	
Any at-risk groups or individuals to be aware of:	
POTENTIAL EXPOSURE RATING: (highlight as necessary)	Negligible (1)/ low (2) / medium(3) / high (4) / very high (5)
Hierarchy of control measures:	
Can the substance be eliminated or a less hazardous alternative used? (if not, explain why)	
Existing engineering controls:	

Personal Protective Equipment:

☐ Eye/face protection?
(State type/class required)

☐ Protective gloves?
(State type/class required)

☐ Protective clothing?
(State type/class required)

☐ Masks/respirators?
(State type/class required)

Document Reviewed October 2018
Date of Next Review October 2019

Version: 1.3

Details of instruction / information / training provided to employees:	
Other control measures:	
Details of any exposure monitoring:	
Details of any health surveillance required:	
Other precautions and emergency procedures:	
Any specific storage precautions (include quantities held on site):	
Any specific release, spillage, fire or disposal precautions:	
RESIDUAL EXPOSURE RATING: (highlight as necessary)	Negligible (1)/ low (2) / medium(3) / high (4) / very high (5)

OVERALL RISK RATING (hazard rating x resid. exposure rating) = Negligible (1-2) Low (3-9) Medium (10-15) High (16-20) Very high (25)	
Any further action required:	

Assessed by:		Reviewed by:	
Date assessed:		Date reviewed:	
Review before:		Next review:	
Date reviewed:		Reviewed by:	
Review before:		Next review:	
Date reviewed:		Reviewed by:	
Review before:		Next review:	
Date reviewed:		Reviewed by:	

Departmental Log and instructions (please e-mail completed form to eee-coshh@sheffield.ac.uk)

Logged by:	
Date Logged	
Departmental comments	

User (print name)	User signature	User signoff date	Supervisor signature	Supervisor signoff date