



# COSHH Risk Assessment

MD102

## SUBSTANCE INFORMATION

Substance/material: [Charging Agent](#)

Trade name: [CH 530/660 KPWet Agent](#)

**What is the substance used for?** [Wet Chemical Extinguisher Charge](#)

(E.g. cleaning floors, protective coating, etc.)

**What are the hazardous ingredients/chemicals in the substance?** (List below)

[Potassium acetate CAS No. 127-08-2](#)

[Potassium citrate CAS No. 866-84-2](#)

[Water CAS No. 732-18-5](#)

**Do any of the chemicals have a:**

Workplace Exposure Limit? (State opposite)

[None found under EH40 for either chemical](#)

**Is the substance:** (Check for an orange 'CHIP' square on the product data sheet or packaging.)

- |   |                                     |   |  |
|---|-------------------------------------|---|--|
| <input type="checkbox"/> Extremely flammable? | <input type="checkbox"/> Oxidising? | <input type="checkbox"/> Very toxic?          | <input type="checkbox"/> Sensitising?            |
| <input type="checkbox"/> Highly flammable?    | <input type="checkbox"/> Harmful?   | <input type="checkbox"/> Corrosive?           | <input type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable?           | <input type="checkbox"/> Toxic?     | <input checked="" type="checkbox"/> Irritant? |  |

**Is the substance hazardous to health when:**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> In contact with skin? | <input checked="" type="checkbox"/> Breathed in? | <input type="checkbox"/> Other (Specify below) |
| <input checked="" type="checkbox"/> In contact with eyes? | <input checked="" type="checkbox"/> Swallowed?   |  |

## USE OF SUBSTANCE

**How should the substance be used?** [Diluted in water and put through Fire Extinguisher system to charge it](#)

(E.g. diluted in water, applied with a brush, sprayed, etc.)

**How much is used every week?** [Not known at this time](#)

(State quantity in litres or kilos as appropriate.)

**Who is exposed to the substance?** [Engineers](#)

(E.g. those using it, pupils, service users, etc.)

**Does the substance present additional risks to certain groups or individuals?**

(E.g. young people, expectant mothers.) [No](#)

## CONTROL MEASURES

**Can a less hazardous substance be used to do the same job?**

Yes

No

(If you don't know, please contact your supplier for further information.)

**What controls are required for this substance, other than Personal Protective Equipment (PPE)?**

(E.g. well ventilated areas, not in spray/mist form, mechanical ventilation, authorised persons only.)

[Use in well ventilated area.](#)

**Is any Personal Protective Equipment (PPE) required when using the substance?**



Eye protection? ([Chemical goggles](#))



Gloves? ([Wear nitrile or similar gloves](#))



Overalls/clothing? (State type required)



Mask/respirator? [If exposure limits are exceeded or irritation is experienced, NIOSH approved respiratory protection should be worn.](#)



Other? (State type required)

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**How should the substance be stored?**

Keep product in original container or extinguisher in a cool area. Use in well ventilated area. Prevent falling. Do not allow near heat sources. Contents may be under pressure – inspect for extinguisher rust periodically to ensure container integrity.

Do not mix with other extinguishing agents. Do not allow contact with lime. Avoid acids, or contact with aluminum, lead, tin, zinc, or other alkali sensitive metals or alloys.

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**Please turn over**

**Have persons using this substance been provided with information or training on its use?** Yes   
(As a minimum ensure a copy of this assessment is in a known and readily accessible location.) No

**OTHER PRECAUTIONS AND EMERGENCY PROCEDURES**

**Spillages:** How should an accidental release/spillage of this substance be dealt with?

Avoid contact with skin, eyes, and clothing.

During minor spill clean-up: Minimum – chemical goggles, nitrile gloves, and an air purifying respirator.

Large spills (one container or more) should be addressed by hazardous materials technicians who follow a specific emergency response plan and who are trained in the appropriate use of PPE.

Prevent further leakage or spillage if safe to do so. Use sorbent socks for containment

Clean up released material using vacuum or wet sweep and shovel to minimize generation of dust. Bag and drum for disposal; properly label containers; dispose as a hazardous waste. Decontaminate with detergent and water.

Prevent material from entering waterways.

If product is contaminated, use PPE and containment appropriate to the nature of the most toxic chemical/material in the mixture.

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What actions should be taken if the substance is:

a) Swallowed? Overdose symptoms may include severe pain in the mouth and throat, collapse, breathing difficulty due to swollen throat, severe abdominal pain, diarrhea, and a rapid drop in blood pressure. If victim is conscious and alert, give 2-3 glasses of water or milk to drink. Do not induce vomiting. Seek immediate medical attention. Do not leave victim unattended. To prevent aspiration of swallowed product, lay victim on side with head lower than waist.

a) In contact with eyes? Causes irritation. Irrigate eyes with water and repeat until pain free. Seek medical attention immediately.

b) In contact with skin? In case of contact, wash with plenty of soap and water. Seek medical attention if irritation develops or persists.

c) Inhaled? May cause irritation, along with coughing. May cause dizziness or drowsiness. If respiratory irritation or distress occurs, remove victim to fresh air. Seek medical attention if irritation persists.

d) Other? (Please specify.)

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**Fire precautions:** What actions should be taken in the event of fires involving this substance?

No special measures required, as product is a fire extinguishing medium.

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**Chemical reactions:** Is there any other substance that this substance must not come into contact with?

None.

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**Disposal:** How should the substance be disposed of (or not disposed of)?

This product is not characteristically hazardous or listed as hazardous waste. Dispose of according to local laws, which may be more restrictive than Government laws or regulations. Used product may be altered or contaminated, creating different disposal considerations.

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**Health surveillance:** Do staff using the substance require any health surveillance?

No

### ASSESSMENT OF RISK

**Are all the controls detailed above currently in place?**

Yes  No

**If these controls are not in place, or additional controls are required, state action to be taken.**

**Please note - COSHH substances must NOT be used if adequate control measures are not in place.**

Remedial actions required	Date for completion

**Are hazards to health adequately controlled with all control measures in place?**

Yes  No

<b>Assessor(s) name:</b> Chris Ogden	<b>Assessor(s) signature:</b> Chris Ogden	<b>Date:</b> 01/01/17
The Line Manager should sign below to show that the assessment is a correct and reasonable reflection of the hazards and of the control measures and actions required.		
<b>Line Managers name:</b>	<b>Line Managers signature:</b>	<b>Date:</b>
<b>Remedial actions complete:</b> (Date)	<b>Line Managers signature:</b>	<b>Reviewed on:</b> 01/03/16

**A copy of the product safety data sheet must be attached to this assessment.**