



# COSHH Risk Assessment

MD103

## SUBSTANCE INFORMATION

Substance/material: [Charging Agent](#)

Trade name: [Chubb Hydrolite](#)

What is the substance used for? [Water with additive for use in portable fire extinguishers](#)  
(E.g. cleaning floors, protective coating, etc.)

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

[Di-ethylene glycol monobutyl ether CAS No. 112-34-5](#)

[Hydrocarbon surfactants CAS No. 142-31-4](#)

[Fluorosurfactants](#)

[Biocide](#)

[Water](#)

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

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

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? [Water with additive for use in portable fire extinguishers](#)  
(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? [Those using it](#)  
(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.)

[General precautions: Use only in well ventilated areas and follow general good housekeeping procedures. Avoid prolonged, extensive or repeated inhalation or contact to eyes and skin.](#)

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



Eye protection? (State type required)



Gloves? (State type required)



Overalls/clothing? (State type required)



Mask/respirator? (State type required)



Other? (State type required)

**How should the substance be stored?** Protect from sustained heat. Store in original sealed containers or approved systems. Store in an upright position not more than three high.

**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. Do not breathe mists, aerosols. Wear protective clothing specified for normal operations. The practice of washing spills into drains should be avoided if at all possible and should under no circumstances be allowed without first consulting the local Water Authority and the Environment Agency. Absorb with earth, ash or sawdust for subsequent dry disposal. Place in a labelled, sealable container for subsequent safe disposal. Spillages cause slippery floors.

**First aid:** What actions should be taken if the substance is:

- |   |  |
|---|--|
| a) Swallowed? Send casualty to hospital immediately. If ingestion is suspected, do not induce vomiting  | b) In contact with eyes? Wash out eyes with plenty of water or eye wash solution and seek medical attention.                                       |
| c) In contact with skin? Wash off with warm soapy water. A moisturiser may be used to replenish lost oils. If persistent irritation occurs, obtain medical attention. | d) Inhaled? Remove casualty from exposure. If there is breathing difficulty or cough, keep patient at rest, seated in position of maximum comfort. |
| e) Other? (Please specify.)   |  |

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

N/A This product is for fire fighting purposes

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

Stable up to 100 C. Treat as water and exclude from contact with any materials which have violent reactions with water. Do not expose containers to heat or flame, since the containers are made from high density polyethylene and will burn. Thermal decomposition of containers and/or products may generate acrid smoke and fumes and traces of Na<sub>2</sub>O, Cl<sup>-</sup>, SO<sub>x</sub>, NO<sub>x</sub>, and HF.

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

Waste should be disposed via local authority waste collection service or registered waste carrier. Ensure the destination is a licensed facility. Local legislation: Control of Pollution Act 1974; Environmental Protection Act 1990; Special Waste Regulations 1996.

**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

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**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>

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