



# COSHH Risk Assessment

MD110

## SUBSTANCE INFORMATION

Substance/material: **Spray**

Trade name: **Solo CO Fire Detector Tester**

What is the substance used for? **Testing Fire Detectors**

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

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

**Carbon Monoxide (CAS No. 630-08-0)**

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

**Long-term (8 Hr TWA) 30 ppm, 35 mg.m<sup>-3</sup> Short-term (15 mins) 200ppm, 232 mg.m<sup>-3</sup>**

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 checked="" type="checkbox"/> Other? (Specify below.) |
| <input type="checkbox"/> Flammable?           | <input type="checkbox"/> Toxic?     | <input type="checkbox"/> Irritant?   | <b>No Specific Hazard</b>                                   |

Is the substance hazardous to health when:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> In contact with skin? | <input checked="" type="checkbox"/> Breathed in? | <input type="checkbox"/> Other (Specify below) |
| <input type="checkbox"/> In contact with eyes? | <input type="checkbox"/> Swallowed?              | <b>No Specific Hazard</b>                      |

## USE OF SUBSTANCE

How should the substance be used? **Sprayed in enclosure onto a fire detector to test detector.**

(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? **No specific hazards**

(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.)

**Provide adequate ventilation.**

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

- |  |   |
|--|---|
|  <input type="checkbox"/> Eye protection? (State type required)    |  <input type="checkbox"/> Gloves? (State type required)          |
|  <input type="checkbox"/> Overalls/clothing? (State type required) |  <input type="checkbox"/> Mask/respirator? (State type required) |
|  <input type="checkbox"/> Other? (State type required)             |   |

How should the substance be stored? **Observe official regulations on storing packaging with pressure containers; store containers in cool, dry, well-ventilated locations away from direct sunlight and do not store at temperatures exceeding 50oC (122oF) (e.g. passenger seat or back seat of a car in Summer months).**

## 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?

The product is an aerosol. It is unlikely to present spillage or leakage hazard.

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

- |   |   |
|---|---|
| a) Swallowed? Ingestion is not considered a route of exposure for this product. | b) In contact with eyes? Flush eyes with water for at least 15 minutes while holding eyelids open.                          |
| c) In contact with skin? Wash skin with soap and water.                         | d) Inhaled? If breathing is difficult, remove victim to fresh air and keep at rest in a position comfortable for breathing. |
| e) Other? (Please specify.)   |   |

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

Extinguish with waterspray.

Heating may cause pressure rise with risk of bursting.

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

Product is stable in normal conditions.

Avoid heat and direct sunlight.

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

Disposal should be in accordance with local or national legislation.

**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

Assessor(s) name: Chris Ogden	Assessor(s) signature: Chris Ogden	Date: 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.		
Line Managers name:	Line Managers signature:	Date:
Remedial actions complete: (Date)	Line Managers signature:	Reviewed on:

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