



COSHH Risk Assessment

MD140

SUBSTANCE INFORMATION

Substance/material: [Solo Smoke Detector Tester](#). Trade name: [Solo A3](#)

What is the substance used for? [Smoke detector testing](#)

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

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

[1,1,1,2-Tetrafluoroethane 50-100% CAS No. 811-97-2 EC No. 212-377-0](#)

[Propan-2-ol 10-25% CAS No. EC No.67-63-0 200-661-7](#)

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

[1,1,1,2-Tetrafluoroethane LTEL \(8 hr TWA ppm\) 1000, \(8 hr TWA mg/m³\) 4240](#)

[Propan-2-ol LTEL \(8 hr TWA ppm\) 400, \(8 hr TWA mg/m³\) 999](#)

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 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 type="checkbox"/> Swallowed? | |

USE OF SUBSTANCE

How should the substance be used? [Sprayed](#)

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

How much is used every week? [Occasional Use, small quantities](#)

(State quantity in litres or kilos as appropriate.)

Who is exposed to the substance? [Personnel using the product.](#)

(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.)

[Not specified on product Safety Data Sheet.](#)

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?



Eye protection? (State type required)



Gloves? ([Wear suitable gloves if prolonged skin contact is likely. Gloves: Nitrile rubber, NBR](#))



Overalls/clothing? (State type required)



Mask/respirator?

No personal respiratory protective equipment normally required. Handling of larger amounts: In case of insufficient ventilation, wear suitable respiratory equipment. A suitable mask with filter type A (EN14387 or EN405) may be appropriate.
Not applicable.



Other? (State type required)

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)
Keep away from heat, hot surfaces, sparks, open flames and other ignition sources.

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?
Ensure adequate ventilation. Avoid inhalation of high concentrations of vapours. Wear suitable gloves and eye/face protection.
Do not release large quantities into the surface water or into drains.
Adsorb spillages onto sand, earth or any suitable adsorbent material. Transfer to a lidded container for disposal or recovery. Containers must not be punctured or destroyed by burning, even when empty.

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

a) Swallowed?	b) In contact with eyes? Immediately flush eyes with plenty of water or eyewash solution for at least 15 minutes, holding eyelids apart. If possible, remove contact lenses. Call physician if irritation persists.
c) In contact with skin? Wash with plenty of soap and water.	d) Inhaled? If breathing is difficult, remove victim to fresh air and keep at rest in a position comfortable for breathing. If symptoms persist, obtain medical attention.
e) Other? (Please specify.)	

Fire precautions: What actions should be taken in the event of fires involving this substance?
Extinguish with carbon dioxide, dry chemical, foam or 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?
None.

Disposal: How should the substance be disposed of (or not disposed of)?
Do not pierce, incinerate or expose to temperatures above 50°C even when empty.
Dispose of in accordance with local regulations.

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: (Date)

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