



COSHH Risk Assessment

MD141

SUBSTANCE INFORMATION

Substance/material: **SOLO A5** Aerosol Smoke Trade name: **Solo A5**
Detector Tester

What is the substance used for? **Smoke simulation.**
(E.g. cleaning floors, protective coating, etc.)

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

Butane 50 – 100 % CAS No. 106-97-8 EC No. 203-448-7

Propane 10-<25% CAS No. 74-98-6 EC No. 200-827-9

Do any of the chemicals have a:

Workplace Exposure Limit? (State opposite)

Butane, Short-term value: 1810 mg/m3, 750 ppm, Long-term value: 1450 mg/m3, 600 ppm, Carc (if more than 0.1% of buta-1.3-diene)

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

- | | | | |
|--|-------------------------------------|--------------------------------------|--|
| <input checked="" 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 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? | |

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. Do not spray onto a naked flame or any incandescent material.

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



Eye protection? (State type required)



Gloves?



Overalls/clothing? (State type required)



Mask/respirator? **In cases of brief exposure or low pollution respiratory filter device is not applicable when used in a well ventilated environment. In cases of intensive or longer exposure use self-contained respiratory protective device. Use suitable respiratory protective device in case of insufficient ventilation.**



Other? (State type required)

Wash hands before breaks and at the end of work. Do not inhale gases / fumes / aerosols.

How should the substance be stored? (E.g. locked cupboard, away from other substances, etc.)

Keep ignition sources away. - Do not smoke. Protect against electrostatic charges.

Pressurized container: protect from sunlight and do not expose to temperatures exceeding 50°C (122°F), i.e. electric lights.

Do not pierce or burn, even after use.

Store in a cool location.

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?

Wear protective equipment. Keep unprotected persons away.

Ensure adequate ventilation.

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

a) Swallowed?

Do not induce vomiting; call for medical help immediately.

b) In contact with eyes?

Rinse opened eye for several minutes under running water.

c) In contact with skin?

d) Inhaled?

Supply fresh air; consult doctor in case of complaints.

e) Other? (Please specify.)

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

CO2, powder or water spray. Fight larger fires with water spray or alcohol resistant foam.

For safety reasons unsuitable extinguishing agents: Water with full jet.

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

No decomposition if used according to specifications.

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

Must not be disposed together with household garbage. Do not allow product to reach sewage system.

Disposal should be in accordance with local, state 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: (Date) |

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